



NAME		
FIRST NAME		
DATE OF BIRTH		APPLICATION OR POLICY NUMBER
D	M	Y

ALCOHOL QUESTIONNAIRE

1. Do you currently use any alcoholic beverages? Yes No

	WINE	BEER	ALCOHOL
Daily			
Weekly			
Monthly			

2. Since when do you consume alcoholic beverages? _____

3. Did you ever drink substantially more than outlined above? Yes No

	WINE	BEER	ALCOHOL
Daily			
Weekly			
Monthly			

4. When did you reduce or stop using alcohol beverages? _____

5. Provide the circumstances and locations where you do consume alcoholic beverages: _____

6. Have you ever consulted a physician or received treatment because of your alcohol use? Yes No

If yes, provide dates, names and addresses of the physician, hospital or treatment clinic:

7. Are you a member of AA (Alcoholic Anonymous) or any other organization? Yes No

8. Have you ever been charged with driving while impaired, lost your job or been charged with an offence due to the influence of alcohol? Yes No

If yes, provide complete details: _____

9. Please provide us with any additional information that you deem important: _____

I declare the information above is true and complete and that it will form part of my insurance application with **UL Mutual**.

X _____ X _____
 SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER

X _____ DATE
 WITNESS