

AMERICAN INCOME LIFE INSURANCE COMPANY

Executive Offices: P.O. Box 2608, Waco, Texas 76797 (254) 751-8600

www.aillife.com

ALCOHOL USE QUESTIONNAIRE

INSURED'S NAME _____ APPLICATION NUMBER _____

Have you ever been charged with Driving While Intoxicated/Impaired? ☐ YES ☐ NO

If yes, how many? _____ Drivers License # _____

Date(s) of arrest? _____

Do you currently Drink? ☐ YES ☐ NO

If no longer drinking, date of last drink? _____

Do/Did you drink? ☐ Almost Daily
(Circle one) ☐ 1-2 Times a Week
☐ 1-2 Times a Month
☐ Less Often Than Above

Approximately how many drinks in one day? _____

Have you ever:

A. Received treatment for alcohol use? ☐ Yes ☐ No

B. Been a member of A. A.? ☐ Yes ☐ No

If yes, to A. above:

Date or dates of treatment _____

Facility where treated _____

Were you confined? Inpatient ☐ Outpatient ☐

If so, how long? _____

If yes to A. or B. above, was this Voluntary ☐ Court Ordered ☐

Do you currently attend A. A. meetings? ☐ Yes ☐ No

Why did you have treatment or join A. A.? _____

Have you ever used street drugs or abused prescription drugs? ☐ Yes ☐ No

If yes, complete the Drug Questionnaire also.

X _____ Date _____
Proposed Insured's Signature

X _____
(Agent's Signature)

