

Underwriting Questionnaire

Drug Use



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Does the client presently use any drugs other than those prescribed by a physician or those available over the counter?

Yes No If no, date of last drug use _____ If yes, complete table below

Type	Usual Quantity	Frequency of Use	How Taken; IV	Dates: From - To

Did the client ever use other drugs or more drugs than they currently use?

Yes No If yes, complete table below

Type	Usual Quantity	Frequency of Use	How Taken; IV	Dates: From - To

Is the client currently attending N.A. meetings or similar recovery groups? Yes No Dates _____

Has the client ever been treated for excessive drug use

Yes No If yes, provide date(s) and details _____

Any relapses

Yes No If yes, provide date(s) and details _____

Any legal troubles because of drug use

Yes No If yes, provide date(s) and details _____

Any driving violations

Yes No If yes, provide date(s) and details _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

Is the client taking or has the client ever been prescribed Suboxone or any other medication to control his/her drug use? If yes, please provide details:

List any other major health problems the client has: