



LARRY GORDON AGENCY, INC.

www.lganet.com

Chicago - Milwaukee - Rockford

Alcohol/Drug Questionnaire

Broker Name: _____

1. Name of Proposed Insured: _____ Date of Birth: _____

2. Height: _____ ft. _____ in. Weight: _____ lbs. Weight two years ago: _____ lbs.

3. Have you ever used tobacco? Yes No Date Last Used: _____ Type: _____

4. Do you presently use alcoholic beverages? Yes No

If "Yes", please advise:

Frequency: (Daily/Weekly) _____

Type: (Beer/Wine/Liquor) _____

Number of Drinks: (or ounces) _____

5. Have you ever consumed more alcohol than at present? Yes No

If "Yes", please advise, when:

Frequency: (Daily/Weekly) _____

Type: (Beer/Wine/Liquor) _____

Number of Drinks: (or ounces) _____

6. Why did you change your drinking habits? _____

7. Have you ever used Amphetamines, Barbituates, Cocaine, Heroin, Crack, Marijuana, LSD, PCP, or other illegal restricted or controlled substances, except as prescribed by a licensed physician? Yes No

If "Yes", please provide date of use: From: _____ To: _____

Name of drug used: _____

Amount and frequency of use: _____

8. Have you ever had employment/financial/family problems as a result of your alcohol/drug use? Yes No

If "Yes", please provide complete details: _____

9. Have you ever been charged with driving under the influence or had any other traffic violation(s) and/or accident(s) where alcohol or drug use was involved? Yes No

If "Yes", please provide complete details: _____

10. Have you ever consulted a physician, received treatment or advice, or been hospitalized because of your alcohol and/or drug use? Yes No

If "Yes", please provide date, hospital or treatment center, and Physician's names and addresses:

11. Have you ever participated in a self-help group, such as Alcoholics or Narcotics Anonymous? Yes No

If "Yes", please provide name of self-help group: _____

How frequently did you attend? _____

12. Please provide any additional information you feel would help us in evaluating your application: _____