QUICK QUOTE FOR ALCOHOL AND DRUG USAGE

INFORMATION GATHERED WILL BE USED IN THE EVALUATION OF THE INSURABILITY OF THE APPLICANT. OFFERS ARE TENTATIVE AND ARE SUBJECT TO VERIFICATION OF THE SUBMITTED MEDICAL EVIDENCE AND OTHER CRITERIA USED IN THE UNDERWRITING OF LIFE INSURANCE.

CLIENT: NAME _____ / ❑ M ❑ F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED $ _____ / MAX. ANNUAL PREMIUM $ _____ / TYPE OF INS. ❑ UL ❑ TERM YRS. LVL _____

TOBACCO USE ❑ NO ❑ YES, TYPE _____ / REPLACEMENT? ❑ YES ❑ NO / CURRENT ANN. PREM. $ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS ❑ SINGLE ❑ MARRIED ❑ WIDOWED ❑ DIVORCED

DRIVING RECORD: # OF VIOLATIONS IN PAST 3 YEARS _____

DATE OF LAST MEDICAL CHECKUP _____ / DATE OF LAST EKG _____ AND RESULTS _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

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1. PLEASE NOTE CLIENT'S CONDITION:
❑ ALCOHOL ABUSE (ANSWER Q'S 2 – 7)
❑ DRUG ABUSE (ANSWER Q'S 8 – 10)

2. DOES THE CLIENT CURRENTLY CONSUME ANY TYPE OF ALCOHOLIC BEVERAGE?
❑ NO ❑ YES, HOW OFTEN AND IN WHAT AMOUNTS:

_____

3. IS THE CLIENT CURRENTLY A MEMBER OF AA OR A SIMILAR SUPPORT GROUP?
❑ NO ❑ YES

4. HAS THE CLIENT EVER BEEN HOSPITALIZED, INSTITUTIONALIZED, OR BEEN AN OUTPATIENT IN AN ALCOHOL REHABILITATION PROGRAM?
❑ NO ❑ YES, DATE OF DISCHARGE: _____

5. WITHIN THE LAST 10 YEARS, LIST THE DATE(S) OF DRIVING UNDER THE INFLUENCE (DUI) ARRESTS AND CONVICTIONS OR CHECK NONE ❑

MONTH _____ YEAR _____

MONTH _____ YEAR _____

MONTH _____ YEAR _____

6. RESULTS OF THE MOST RECENT LIVER FUNCTION TESTS:
❑ NORMAL
❑ MINIMALLY ELEVATED
❑ MODERATELY ELEVATED
❑ ELEVATED

7. IS THE CLIENT PRESENTLY TAKING, OR TAKEN IN THE PAST, ANTABUSE OR ANOTHER MEDICATION TO HELP CONTROL DRINKING?
❑ NO ❑ YES

8. IS THE CLIENT USING, OR USED IN THE PAST, ANY OF THE FOLLOWING SUBSTANCES OR DRUGS (CHECK BOX AND DETAIL)
❑ OPIATES/NARCOTICS: HEROIN, CODEINE, MORPHINE, METHODONE, DEMOROL
❑ BARBITURATES: AMYTAL, PHENOBARBITAL
❑ NON-BARBITURATES: PLACIDYL, DORIDEN, QUAALUDE
❑ AMPHETAMINES: BENZEDRINE, DEXEDRINE
❑ METHAMPHETAMINE: COCAINE, CRACK, ICE
❑ HALLUCINOGENS: LSD, PEYOTE, PSILOCYBIN, ECSTASY
❑ MARIJUANA
❑ OTHER: _____
DETAIL DATE LAST USED, AMOUNT, FREQUENCY:

_____

9. HAS THE CLIENT EVER BEEN TREATED FOR SUBSTANCE ABUSE?
❑ NO ❑ YES, DETAIL DATE(S), PLACE(S):

_____

10. HAS THE CLIENT EVER BEEN ARRESTED FOR POSSESSION, USE, DISTRIBUTION OF, OR SALE OF AN ILLEGAL SUBSTANCE?
❑ NO ❑ YES, DETAIL DATE(S), PLACE(S):

_____

11 LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY), ALONG WITH ALL MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:

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