



DRINKING HABITS QUESTIONNAIRE

Proposed Insured:	Date of Birth:	Application/Policy #:
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1. Do you drink alcohol?

Product	Amount consumed	Frequency
Beer	# bottles	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Wine	# of glasses	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Liquor	# of <input type="checkbox"/> oz <input type="checkbox"/> ml	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

2. Have you ever been treated or counselled for alcohol consumption or abuse, or has someone ever recommended that you seek treatment or counselling for alcohol consumption or abuse or to reduce your alcohol consumption? YES NO

3. (a) When and why did you change your drinking habits?
(b) Have you stopped drinking? If so, what was the date that you quit or date you had your last drink?

4. Are you now or have you ever been a member of Alcoholics Anonymous (AA)? YES NO
 If "YES" provide dates: From: _____ To: _____

5. Since you stopped drinking have you had any relapses?
 YES NO If "YES" provide dates and details:



6. Have you ever been charged with impaired driving, lost your job or arrested due to your alcohol use? YES NO

If "YES" provide dates and details:

I declare that the above answers and statements are true, complete and correctly recorded and shall form part of my Application for Insurance with The Equitable Life Insurance Company of Canada.

Date

Proposed Life Insured

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