

## DRINKING HABITS QUESTIONNAIRE

| Application Number   |                        |                |  |               |                 |   |  |               |                              |  |
|--|------------------------|----------------|--|---------------|-----------------|---|--|---------------|------------------------------|--|
| Proposed Life Insured  | ed                     |                |  |               |                 |   | Date of Birth dd/mm/yyyy   |               |                              |  |
| ,  |                        |                |  |               |                 |   | Provide dates, names and addresses of octors, hospitals and treatment centers: |               |                              |  |
|  |                        |                |  |               |                 |   |  |               |                              |  |
| Have you ever consumed more alcohol than you do currently?   |                        |                |  |               |                 | ☐ YES ☐ NO if "YES" complete Past use chart below |  |               |                              |  |
|  | Past use               |                |  |               |                 | Current use                                       |  |               |                              |  |
| Product  | Amount consumed Freque |                | су   |               | Amount consumed |   | Frequency  |               |                              |  |
| Beer   | bottles                | 🗖 dail         | y 🗖 weekly   | lue monthly   | bo              | ttles   | <b>□</b> daily   | □ weekly      | $oldsymbol{\square}$ monthly |  |
| Wine   | glasse                 | s 🗖 dail       | y 🗅 weekly   | lue monthly   | glo             | asses   | <b>□</b> daily   | □ weekly      | $oldsymbol{\square}$ monthly |  |
| Liquor   | oz or                  | nl<br>🔲 🗖 dail | y 🗖 weekly   | □ monthly     | □ oz            |   | <b>□</b> daily   | □ weekly      | □ monthly                    |  |
| When and why did you change your drinking habits?  |                        |                |  |               |                 |   |  |               |                              |  |
|  |                        |                |  |               |                 |   |  |               |                              |  |
|  |                        |                |  |               |                 |   |  |               |                              |  |
| Are you now or have you ever been a member of Alcoholics Anonymous (AA)?                             |                        |                | ☐ YES ☐ NO If "YES" provide dates: From: dd/mm/yyyy To: dd/mm/yyyy |               |                 |   |  |               |                              |  |
| Since you stopped drinking have you had any relapses?  |                        |                | ☐ YES ☐ NO ☐ NA  If "YES" provide dates and duration:              |               |                 |   |  |               |                              |  |
|  |                        |                | '  |               |                 |   |  |               |                              |  |
| 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 an<br>Insurance with The Equitabl   |                        |                |  | and correctly | recorded a      | nd shc  | ıll form pa  | urt of my App | olication for                |  |
| Date   | Witnes                 | S              |  |               | <u>Propo</u>    | sed Lif   | e Insured  |               |                              |  |