



© 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.
© COPYRIGHT CFS

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

AMNT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS.: [] PERM [] TERM YRS. LEVEL _____

TOBACCO USE: [] NO [] YES, DETAIL _____ / REPLACEMENT? [] YES [] NO / CURRENT ANN. PREMIUM \$ _____

LAST LIFE INSURANCE APP.: YEAR _____ COMPANY _____ ACTION _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

FOR USE BY CFS OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

1. PLEASE NOTE CLIENT'S CONDITION:

[] ALCOHOL ABUSE*
*ANSWER QUESTIONS 2 THROUGH 7 AND 12 THROUGH 14

[] DRUG, OR OTHER SUBSTANCE ABUSE*
*ANSWER QUESTIONS 8 THROUGH 14

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

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

4. HAS THE CLIENT EVER BEEN HOSPITALIZED, INSTITUTIONALIZED, OR BEEN AN OUTPATIENT IN AN ALCOHOL REHABILITATION PROGRAM?
[] YES [] NO, IF YES, LIST TIME OF DISCHARGE:
MONTH _____ YEAR _____

5. WITHIN THE LAST SIX YEARS, LIST THE OCCASION AND DATE OF DRIVING UNDER THE INFLUENCE (DUI) ARRESTS AND CONVICTIONS:
[] NONE

MONTH _____ YEAR _____

MONTH _____ YEAR _____

MONTH _____ YEAR _____

MONTH _____ YEAR _____

6. RESULTS OF THE CLIENT'S 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?
[] YES [] NO

8. IS THE CLIENT USING, OR USED IN THE PAST, ANY OF THE FOLLOWING SUBSTANCES OR DRUGS (CHECK BOX AND DETAIL BELOW):

- [] OPIATES/MARCOTICS: HEROIN, CODEINE, MORPHINE, METHADONE, DEMOROL
- [] BARBITURATES: AMYTAL, PHENOBARBITAL
- [] NON-BARBITURATES: PLACIDYL, DORIDEN, QUAAALUDE
- [] AMPHETAMINES: BENZEDRINE, DEXEDRINE
- [] METHAMPHETAMINE: COCAINE, CRACK, ICE
- [] HALLUCINOGENS: LSD, PEYOTE, PSILOCYBIN, ECSTASY
- [] MARIJUANA
- [] OTHER

SUBSTANCE _____

AMOUNT AND FREQUENCY _____

LAST USED: MONTH _____ YEAR _____

9. HAS THE CLIENT EVER BEEN TREATED FOR SUBSTANCE ABUSE?
[] YES [] NO, IF YES, PLEASE DETAIL:

MONTH _____ YEAR _____

PLACE _____

10. HAS THE CLIENT EVER BEEN ARRESTED FOR POSSESSION, USE, DISTRIBUTION OF, OR SALE OF AN ILLEGAL SUBSTANCE?
[] YES [] NO, IF YES, PLEASE DETAIL:

MONTH _____ YEAR _____

CITY/STATE _____

11. CLIENT'S MARITAL STATUS:

- [] MARRIED [] SINGLE [] DIVORCED [] WIDOWED

12. CLIENT'S OCCUPATION _____

13. PLEASE LIST ANY OTHER ILLNESSES OR IMPAIRMENTS; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:

