



American Life & Security Corp

Administrative Office

PO Box 717 * Frankfort, KY 40602-0717

Phone: 877.758.9333 Underwriting Fax: 502.227.7205

DRUG / ALCOHOL QUESTIONNAIRE – COMPLETED BY APPLICANT

NAME	FILE NUMBER	DATE
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SECTION 1: QUESTIONS ON DRUG USE

A. In the past 10 years, have you used:

- | | | |
|--|------------------------------|-----------------------------|
| 1. cocaine or other stimulants? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. marijuana, LSD, or other hallucinogenics? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. heroin, demerol, or narcotics? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. barbiturates, sedatives, or tranquilizers habitually? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

B. List below the drugs taken and the periods of use:

DRUGS	DATES USED		HOW OFTEN
	FROM	TO	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 2: QUESTIONS ON ALCOHOL USAGE

A. Have you in the past or do you currently use alcohol to excess? YES NO

- Identify year that excess usage began: _____
- Frequency of episodes? _____
- Date of last episode? _____
- Duration of last episode? _____

B. Have you ever been treated for alcoholism? YES NO

- Dates _____
- Number of treatments? _____
- Name and address of last facility? _____

C. Have you attended AA meetings? YES NO

- Date of last attendance? _____
- Number of years attended? _____
- Frequency of attendance? _____

D. Do you use alcohol at this time? YES NO

- What kind? _____
- How much? _____
- How often? _____

I hereby represent, to the best of my knowledge and belief, that all the above statements are true, complete, and correctly stated. I agree they will form a part of the application and become a part of any contract of insurance.

Date at _____ this _____ day of _____

Witness

Signature of Proposed Insured
(Applicant, if Proposed Insured is a minor)