Drug & Alcohol Questionnaire

Policy # (if known): _____

Florida Version

☐ **American General Life Insurance Company,** 2727-A Allen Parkway, Houston, TX 77019
☐ **The United States Life Insurance Company in the City of New York,** 28 Liberty Street, 45th Floor, New York, NY 10005-1400

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Proposed Insured

_____ ____ _____ _____ _____
First Name MI Last Name Date of Birth Social Security #

1. Do you presently use or have you ever used:

Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no

If yes, indicate which of the following you use (used):

☐ Amphetamines (Benzedrine, Dexedrine, Methedrine, etc.)
☐ Cocaine (Cocaine, Crack, etc.)
☐ Hallucinogens (LSD, DMT, Peyote, etc.)
☐ IV Drugs
☐ Marijuana (Hashish, Cannabis, etc.)
☐ Opiates (Codeine, Heroin, Methadone, etc.)
☐ Other (provide details): _____
_____

☐ Beer
☐ Wine
☐ Liquor

2.

	Drugs	Alcohol
Date(s) last used:		
Amount usually used:		
Frequency of use:	☐ Daily ☐ Weekly ☐ Monthly	☐ Daily ☐ Weekly ☐ Monthly
How long have you used:		

3. Have you ever received medical treatment because of:

A. Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no
B. If yes, name(s) of doctor/facility, address and dates of treatment: _____
C. Was your treatment court ordered? ☐ yes ☐ no If yes, provide details:_____

4. Have you ever joined or attended a support group (such as AA or NA) because of:

A. Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no
B. If yes, name of support group and dates of attendance:_____
C. If yes, are you still an active member of a support group? ☐ yes ☐ no
D. Was your attendance court ordered? ☐ yes ☐ no If yes, provide details:_____

5. Have you ever been arrested, charged or convicted (including DWI, DUI, etc.) in connection with:

A. Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no
B. If yes, list date, state, county, charge and current status: _____
_____

Agreement: I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that my failure to disclose any material fact known to me may invalidate the contract.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Proposed Insured Signature

X

Signed at (city, state)_____

Signed on (date) _____