

ALCOHOL USAGE QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. What is your average consumption of alcohol?

		Beer	Wine	Liquor
Quantity:	By Day			
	By Week			
	By Month			

2. a) Have your drinking habits changed? Yes No If yes, date (dd/mmm/yyyy) _____ dd/mmm/yyyy

b) What was your average consumption prior to the change?

		Beer	Wine	Liquor
Quantity:	By Day			
	By Week			
	By Month			

Why did you change your drinking habits? _____

3. Have you ever consulted a physician or received treatment for alcohol abuse or been recommended to reduce use? Yes No
 If yes, give name of physician consulted and details:

4. Have you ever been arrested for driving under the influence? Yes No If yes, give dates:

5. Have you used any habit forming drugs (including but not limited to marijuana, LSD, cocaine, barbiturates, hash, excitants, hallucinogens or other narcotics) except as prescribed by a Physician? Yes No (If Yes, complete form# 144E Drug Questionnaire.)

6. Are you/have you ever been a member of Alcoholics Anonymous, Narcotics Anonymous or a similar association? Yes No
 If Yes, please provide full details to include frequency of attendance and date of your last meeting.

7. Additional comments:

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the _____ day of _____ 20 ____ ; and they shall be of the same effect as if contained in the original application.

Dated at _____ this _____ day of _____ 20 _____

Witness

Proposed Insured