



Name	First	M.I.	Last	Date of Birth
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**1a. Are you now using or in the past have you used any of the following drugs or their derivatives?**

- Marijuana , Hashish .....  Yes  No
- Cocaine, Crack .....  Yes  No
- Hallucinogens (including LSD, PCP, Mescaline, Peyote) .....  Yes  No
- Opium/Heroin .....  Yes  No

**1b. Have you ever used any of the following other than those prescribed by a physician?**

- Sedatives/Tranquilizers (including: Librium, Valium, Quaalude) .....  Yes  No
- Amphetamines (including: Benzedrine, Dexadrine, Ice) .....  Yes  No
- Barbituates (including: Seconal, Nembutal, Phenobarbitol) .....  Yes  No
- Narcotics (including: Morphine, Demerol, Methadone, Codeine, Percodan) .....  Yes  No

**2. Please provide details to all "Yes" answers in 1a and 1b; include specific drug, quantity used, frequency of use, date last used, name and address of prescribing physician (if applicable):**

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**3. Have you ever sought or been advised to seek treatment because of drug usage?**

- Yes  No

If "Yes", provide names, dates and addresses of all doctors and institutions consulted.

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**4. Have you ever been cited or convicted of driving under the influence of any of the above substances?**

- Yes  No

If "Yes", when and in what state \_\_\_\_\_

**5. Have you ever been cited or convicted for possession or sale of any of the above substances?**

- Yes  No

If "Yes", when and in what state \_\_\_\_\_

**6. Are you currently active or have you been active in a support group?**

- Yes  No

If "Yes", provide name of group, how often you attend meetings, and how long you have been attending meetings.

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Using a supplemental page, please add any additional information which you feel is significant regarding your use or treatment of drugs.

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Signature of Proposed Insured \_\_\_\_\_

Date \_\_\_\_\_

**Return to Underwriting Department**