

LifePro Financial Services Inc.

– PH: 888-543-3776 – FAX: 858-259-1742 – Email: greg@lifepro.com

Alcohol Use

Proposed Insured Name: _____ M F Date of Birth or Age _____

Face Amount: _____ Max. Premium; \$ _____/yr. UL WL Term Survivorship

Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____

Do you currently use any other tobacco products (i.e. nicotine patches, cigars, pipe, chew): Y N

If yes, please provide details: _____

When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

Agent: _____ Agent Phone: _____

(1) Do you presently use alcohol? Y N If no, date of last alcohol use: _____

| Quantity | Beer | Wine | Liquor | Dates: From– To |
|----------|------|------|--------|-----------------|
| Daily | | | | |
| Weekly | | | | |
| Monthly | | | | |

(2) Did you ever drink substantially more than now? Y N If yes, please provide details in the following table:

| Quantity | Beer | Wine | Liquor | Dates: From-To: |
|----------|------|------|--------|-----------------|
| Daily | | | | |
| Weekly | | | | |
| Monthly | | | | |

(3) Have you ever been treated for excessive alcohol use? Y N

If yes, please provide details: _____

(4) Are you currently a member of Alcoholics Anonymous? Y N

If yes, how often and give date last attended: _____

(5) Have you ever been arrested for driving under the influence (DUI) of alcohol or any other drug? Y N

If yes, please provide details: _____

(6) Have you ever experienced any of the following? If yes, please provide details below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Psychological or Emotional Disorders | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Delirium Tremens | <input type="checkbox"/> Hepatitis A, B, or C | <input type="checkbox"/> Diabetes or blood sugar problems |
| <input type="checkbox"/> Protein or Blood in Urine | <input type="checkbox"/> Liver Problems | <input type="checkbox"/> Other: _____ |

(7) What illicit or prescription drugs have you ever used? Please provide details and dates of use: _____