Alcohol Usage Questionnaire

(to be completed by Proposed Insured)

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Fax: 1-877-767-0477

PLEASE PRINT

Policy Number:

Name of Proposed Insured: ____________________ Date of Birth: DD / MM / YYYY

1 Do you presently use alcoholic beverages? If ***"Yes"***, complete the table below . . . . . . ○ Yes ○ No

TYPE	NUMBER/AMOUNT		FREQUENCY PER	WHEN WAS THE LAST OCCASION
Beer		Bottles per	○ Day ○ Week ○ Month	
Wine		Glasses per	○ Day ○ Week ○ Month	
Liquor		○ oz ○ ml per	○ Day ○ Week ○ Month	

2 Did you ever drink substantially more than at present? If ***"Yes"***, complete the table below . . . . . . ○ Yes ○ No

TYPE	NUMBER/AMOUNT		FREQUENCY PER	DATES
Beer		Bottles per	○ Day ○ Week ○ Month	From DD / MM / YYYY To DD / MM / YYYY
Wine		Glasses per	○ Day ○ Week ○ Month	From DD / MM / YYYY To DD / MM / YYYY
Liquor		○ oz ○ ml per	○ Day ○ Week ○ Month	From DD / MM / YYYY To DD / MM / YYYY

When and Why did you change your drinking habits?

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3 Have you ever consulted a doctor or received treatment (including Antabuse) or have you ever been a member of AA or similar organizations because of alcohol use? . . . . . . ○ Yes ○ No

If ***"No"***, have you ever considered doing so? . . . . . . ○ Yes ○ No

If ***"Yes"***, give names and addresses of doctors, hospitals or treatment centres consulted, medication taken and dates in each instance:

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4 Have you ever been arrested for driving while under the influence of alcohol? . . . . . . ○ Yes ○ No

If ***"Yes"***, give details: ______________________________

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5 Please provide any additional information, which you feel, is important to clarify the information requested herein.

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I understand that my answers to the above questions will be relied on by *ivari* in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire (being part of the Application for Insurance) may be rendered void on the grounds of misrepresentation or fraud. I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to *ivari*.

Dated at ______________ this ______ day of ______________ 20 ______

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Signature of Proposed Insured

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Signature of Witness

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