

Forming a part of an application for insurance
 a request for change in policy(ies) no.(s) _____

1) Name: _____ Date of Birth: _____

2) Do you presently use alcoholic beverages? Yes No

	Beer	Wine	Liquor
Daily quantity			
Weekly quantity			
Monthly quantity			

3) Did you ever drink substantially more than at present? Yes No

Dates: From _____ To _____

	Beer	Wine	Liquor
Daily quantity			
Weekly quantity			
Monthly quantity			

4) Why did you change your drinking habits? _____

5) Have you ever consulted a doctor or received treatment because of alcohol use? Yes No

If yes, indicate name and address of any doctor, hospital or treatment center:

6) Have you ever been arrested for driving while under the influence of alcohol? Yes No

If yes, give details :

7) Please add any additional information which you feel is important:

 Date Witness Signature of insured