

Supplement to application for life insurance on the life of _____

1. Do you presently use alcoholic beverages? Yes No
If "Yes", please advise:
Frequency: (Daily/Weekly) _____
Type: (Beer/Wine/Liquor) _____
Number of Drinks (or ounces) _____

2. Have you ever consumed more alcohol than at present? Yes No
If "Yes", please advise: When: _____
Frequency: (Daily/Weekly) _____
Type: (Beer/Wine/Liquor) _____
Number of Drinks (or ounces) _____

3. Why did you change your drinking habits? _____

4. Have you ever used amphetamines, barbiturates, cocaine, heroin, crack, marijuana, LSD, PCP, or other illegal, restricted or controlled substances, except as prescribed by a licensed physician?
 Yes No
If "Yes", please provide date of use: From: _____ To: _____
Name of Drug used: _____
Amount and Frequency of use: _____

5. Have you ever had employment, financial or family problems as a result of your alcohol/drug use?
 Yes No
If "Yes", please provide complete details: _____

6. Have you ever been charged with driving under the influence or had any other traffic violation(s) and/or accident(s) where alcohol or drug use was involved? Yes No
If "Yes", please provide complete details: _____

7. Have you ever consulted a physician, received treatment or advice or been hospitalized because of your alcohol and/or drug use? Yes No
If "Yes", please provide date, hospital or treatment center and physician's names and addresses: _____

8. Have you ever participated in a self-help group, such as Alcoholics or Narcotics Anonymous?
 Yes No
If "Yes", please provide name of self help group: _____
How frequently did you attend? _____

9. Please use the space below to provide any additional information you feel would help us in evaluating your application: _____

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.

Signature of Proposed Insured: _____ Witness: _____

Date: _____