

Supplemental Application - DRUG USE QUESTIONNAIRE

Underwriting Service Department

Name: _____ Date of Birth: _____

1. Do you presently, or did you in the past use mind or mood altering drugs? ☐ No ☐ Yes (give details below)

Name of Drug?

Quantity: daily

weekly

monthly

DRUG #1	DRUG #2	DRUG #3

2. Did you ever use substantially more than at present? ☐ No ☐ Yes (give dates/details below)

Dates: From _____ To _____

Name of Drug?

Quantity: daily

weekly

monthly

DRUG #1	DRUG #2	DRUG #3

Why did you change your drug use habits? _____

3. Have you ever consulted a doctor or received treatment because of your drug use? _____ If yes, indicate name and addresses of any doctor, hospital or treatment center: _____

4. Have you ever been arrested for using or possession of drugs? _____

If yes, give details _____

5. Please add any additional information which you feel is important: _____

I hereby represent that the above statements and answers to all the above questions are complete and true to the best of my knowledge, and I agree that they shall form a part of my application.

Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (\$5000) dollars no more than ten thousand (\$10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

SIGNED _____ DATE _____

City/State

WITNESS

SIGNATURE OF PROPOSED INSURED

