



**ALCOHOL**

**PRELIMINARY UNDERWRITING QUESTIONNAIRE**

**Client:**

**Gender:** M F **DOB:**

**Height:** **Weight:**

**Coverage Desired?**

**Amount?**

**Plan Desired?**

*If your client has a history of excess Alcohol consumption or Alcohol treatment, please answer the following:*

**ALCOHOL HISTORY**

1. **What was the date of initial treatment or diagnosis?**
2. **Any hospitalizations or facility stays?** Yes No  
*If yes, when and for how long?*
3. **Were there any relapses from sobriety/abstinence?** Yes No  
*If yes, please list dates:*
4. **Were there any legal problems (such as DUI) or other?** Yes No  
*If yes, please give additional details and dates:*
5. **Has your client ever had or been made aware of any of the following?** *Select all that apply:*
  - elevated liver enzymes
  - positive alcohol marker
  - driving under the influence charge
  - family/friends' concern over drinking habits
  - blackouts
  - withdrawal seizures
  - medical complications related to alcohol (*heart, etc.*)
  - use of other substances such as marijuana or cocaine

**CURRENT STATE**

6. **Please list current medications:**
7. **What is your client's current level of alcohol consumption?**
8. **Does your client currently participate in a group such as Alcoholic Anonymous?** Yes No
9. **Has your client smoked cigarettes in the last 12 months?** Yes No
10. **Does your client have any other major health problems (ex: *cancer, diabetes, etc.*)?** Yes No  
*If yes, please give details:*

**ADDITIONAL COMMENTS**

Do you have any additional comments?

**Advisor:**

**Date:**

For more information, contact:  
**Advisors Financial Group**  
 5904 Six Forks Rd., Suite 105 | Raleigh, NC 27609  
 Phone 800-334-1217 | Fax 919-844-2310  
 Support@AFG.email  
 www.underwritemycase.com