



# American Life & Security Corp.

Home Office: Scottsdale, Arizona  
Administrative Office:  
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## DRUG AND ALCOHOL QUESTIONNAIRE

PRINT USING BLACK INK.  
ALL SECTIONS MUST BE COMPLETED.

Name of Proposed Insured: \_\_\_\_\_ Application Number: \_\_\_\_\_

### SECTION 1: QUESTIONS ON DRUG USE

- In the past 10 years, have you used:
- |                                                          | YES   | NO    |
|----------------------------------------------------------|-------|-------|
| 1. Opiates (codeine, heroin, methadone, etc.)?           | _____ | _____ |
| 2. Barbiturates (amytal, phenobarbital, tuinal, etc.)?   | _____ | _____ |
| 3. Non-Barbiturates (placidyl, doriden, parest, etc.)?   | _____ | _____ |
| 4. Amphetamines (Benzedrine, Dexedrine, preludin, etc.)? | _____ | _____ |
| 5. Anticholinergics (belladonna), Bromides or Cocaine?   | _____ | _____ |
| 6. Hallucinogens (LSD-25, peyote, psilocin, etc.)?       | _____ | _____ |
| 7. Cannabis (Marijuana, hashish, THC-Delta 9)?           | _____ | _____ |
| 8. Others?                                               | _____ | _____ |

If yes, give details

TYPE	HOW OFTEN USED	DOSAGE OR AMOUNT USED	DATES USED FROM - TO

### SECTION 2: QUESTIONS ON ALCOHOL USE

- A. Have you in the past or do you currently use alcohol?  Yes  No
- Identify year that usage began: \_\_\_\_\_
  - Frequency of usage? \_\_\_\_\_
  - Date of last usage? \_\_\_\_\_
  - Date you last drank to intoxication? \_\_\_\_\_
  - Frequency of episodes of intoxication? \_\_\_\_\_
- B. Have you ever been treated for alcoholism?  Yes  No
- Dates \_\_\_\_\_
  - Number of treatments? \_\_\_\_\_
  - Name and address of last facility? \_\_\_\_\_
- C. Have you attended AA meetings:  Yes  No
- Date of last attendance? \_\_\_\_\_
  - Number of years attended? \_\_\_\_\_
  - Frequency of attendance? \_\_\_\_\_
- D. Do you use alcohol at this time?  Yes  No
- What kind? \_\_\_\_\_
  - How much? \_\_\_\_\_
  - How often? \_\_\_\_\_

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued based on them. I am aware that this document will form part of my application for the express purpose of inducing American Life and Security Corp. to issue insurance on my life.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
City State (Year)

Witness \_\_\_\_\_

Proposed Insured \_\_\_\_\_

Policyowner (if other than Proposed Insured) \_\_\_\_\_