



ALCOHOL USAGE QUESTIONNAIRE

Instructions:

All areas to be completed by the Proposed Insured. If an area is not applicable, please mark "NA". When complete, please return to our Home Office. This is not an offer nor a guarantee of insurance. If you have any questions, or for additional information, please contact us at ☎ 1-800-772-8632 or visit our website at 🌐 www.PRCUA.org.

PROPOSED INSURED'S FIRST (MI) LAST NAME _____

DATE OF BIRTH – (MONTH/DAY/YEAR) _____

CERTIFICATE NUMBER _____

1. Do you presently use alcoholic beverages? (if yes, specify the following) Yes No

Daily Weekly Monthly : Beer Wine Liquor : Number of Drinks (or Ounces) _____

2. Have you ever consumed more alcohol than at present? (if yes, specify the following) Yes No

Daily Weekly Monthly : Beer Wine Liquor : Number of Drinks (or Ounces) _____

3. Why did you change your drinking habits? _____

4. Have you ever had employment, financial or family problems as a result of your alcohol use? (if yes, specify details) Yes No

5. Have you ever been charged with driving under the influence or had any other traffic violation(s) and/or accident(s) where alcohol use was involved? (if yes, specify details) Yes No

6. Have you ever consulted a physician, received treatment, advice or been hospitalized due to use of alcohol? (if yes, specify date, hospital or treatment center and physician's names and addresses) Yes No

7. Have you ever participated in a support group, such as Alcoholics Anonymous? (if yes, specify the support group name) Yes No

8. Please provide any additional information which you feel is important to clarify the requested information herein:

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.

 _____
PROPOSED INSURED'S SIGNATURE

DATE

 _____
WITNESS' SIGNATURE

DATE