

<input style="width: 95%; height: 20px;" type="text"/> Last name	<input style="width: 95%; height: 20px;" type="text"/> First name
Date of birth: <input style="width: 150px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div>	<input style="width: 95%; height: 20px;" type="text"/> Application or Contract No.

1 Do you drink alcohol? Yes No **If so**, specify your current weekly consumption.

Beer
Wine
Spirits

Glasses _____

2 In the last 5 years, has your consumption of alcohol changed? Yes No **If so**, specify previous weekly consumption.

Beer
Wine
Spirits

Glasses _____

When and why did you change your alcohol consumption?

Year
Month

Reason: _____

3 Have you ever been advised to reduce your consumption of alcohol or been treated for alcohol abuse? Yes No

If so, specify dates, names and address of physicians and institutions consulted: _____

4 Are you a member of a support group? Yes No **If so**, since when?

Year
Month

5 Have you ever been arrested for impaired driving? Yes No

If so, specify dates: _____

6 Additional comments: _____

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete.

Signed at _____ on this _____ day of _____ 20 _____.

Signature of proposed insured or of legal guardian, if the proposed insured is under age 18 in Quebec or under 16 in other provinces. Signature of witness