



# Alcohol Usage Questionnaire

(to be completed by the Insured)

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of birth: \_\_\_\_\_ (DD/MM/YYYY)

1 Do you presently use alcoholic beverages? If "Yes," complete the table below. . . . . Yes No

TYPE	NUMBER/AMOUNT	FREQUENCY PER				WHEN WAS THE LAST OCCASION
		Bottles per	Day	Week	Month	
Beer						
Wine		Glasses per	Day	Week	Month	
Liquor		oz ml per	Day	Week	Month	

2 Did you ever drink substantially more than at present? If "Yes," complete the table below. . . . . Yes No

TYPE	NUMBER/AMOUNT	FREQUENCY PER				DATES (DD/MM/YYYY)	
		Bottles per	Day	Week	Month	From	To
Beer							
Wine		Glasses per	Day	Week	Month	From	To
Liquor		oz ml per	Day	Week	Month	From	To

When and Why did you change your drinking habits?  
\_\_\_\_\_  
\_\_\_\_\_

3 Have you ever consulted a doctor or received treatment (including Antabuse) or have you ever been a member of AA or similar organizations because of alcohol use? . . . . . Yes No

If "No," have you ever considered doing so? . . . . . Yes No

If "Yes," give names and addresses of doctors, hospitals or treatment centres consulted, medication taken and dates in each instance:  
\_\_\_\_\_  
\_\_\_\_\_

4 Have you ever been arrested for driving while under the influence of alcohol? . . . . . Yes No

If "Yes," give details: \_\_\_\_\_  
\_\_\_\_\_

5 Please provide any additional information, which you feel, is important to clarify the information requested herein.  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my answers to the above questions will be relied on by ivari in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire may be rendered void on the grounds of misrepresentation or fraud. I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to ivari.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Witness