



Drug Usage Questionnaire

(to be completed by the Insured)

Policy Number: _____

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

- 1** Are you now using or have you in the past used the following drugs? If **“yes”**, to any of the below, please give details below:
- a) Opiates: heroin, morphine, Demerol, methadone, codeine, etc. Yes No
 - b) Barbiturates: Amytal, phenobarbital, Seconal, Nembutal, Pentobarbital, etc. Yes No
 - c) Marijuana: hashish, cannabis, THC-delta 9, etc. Yes No
 - d) Amphetamines: Benzedrine, Dexedrine, Methedrine, Preludin, etc. Yes No
 - e) Cocaine: crack Yes No
 - f) Hallucinogens: LSD, DMT, mescaline, peyote, psilocybin, ecstasy, etc. Yes No
 - g) IV drug use Yes No
 - h) Other Yes No

TYPE	USUAL QUANTITY	FREQUENCY OF USE	DATES USED (DD/MM/YYYY)	
			from	to
			from	to
			from	to

- 2** Have you ever consulted a doctor, been to emergency, received treatment, been confined to a bed or suffered a liver disorder due to the use of any drugs? Yes No
If **“yes”**, give names and addresses of doctors, hospitals and institutions consulted, with dates in each instance and provide complete details:

- 3** Do you consume alcohol? If so, provide amounts, types and frequency of beer, wine or alcohol consumption:
- _____

- 4** Have you ever lost a job, been arrested or charged in connection due to the use of any drug? Yes No
If **“yes”**, give dates and 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