

# Diversified Ins. Brokers, Inc. QUICK QUOTE ALCOHOL & SUBSTANCE USAGE

Client Name \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_ State \_\_\_\_\_

Amount of Insurance \$ \_\_\_\_\_ Type of Insurance \_\_\_\_\_

Tobacco Use?  Never  Present  Former Check type:  smokeless  cigar  cigarette  pipe

Mo/Year quit \_\_\_\_\_ # Years as a smoker \_\_\_\_\_ # Packs per day \_\_\_\_\_

1. Please note condition:  Alcohol abuse (Answer questions 2 through 6 and 9 through 13)

Drug or other substance abuse (Answer questions 7 through 13)

2. Do you currently consume any type of alcoholic beverages?  Yes  No

If Yes, how often and in what amounts? \_\_\_\_\_

Details of past alcohol abuse:

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

3. Are you currently a member of AA or a similar support group?  Yes  No

4. Within the last six years, list the occasion and date(s) of driving under the influence (DUI's), arrests and convictions.

None Dates \_\_\_\_\_

5. Results of your most recent liver function test:  Normal  Minimally elevated  Moderately elevated  Elevated

Attach blood test results if available.

6. Are you presently taking, or have you taken antabuse or any other medication to help control your drinking?  Yes  No

If Yes, dates and duration: \_\_\_\_\_

7. Are you using or have you ever in the past used the following substances or drugs:

Opiates/Narcotics: Heroin, Codeine, Morphine, Methadone, Demerol  Methamphetamine: Cocaine, Crack, Ice

Barbiturates: Amytal, Phenobarbital  Hallucinogens: LSD, Peyote, Psilocybin

Non-barbiturates: Placidyl, Doriden, Quaalude  Marijuana

Amphetamines: Benzedrine, Dexedrine  Other

Substance \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_ Date last used \_\_\_\_\_

Substance \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_ Date last used \_\_\_\_\_

8. Have you ever been arrested for possession, use, distribution of an illegal substance?  Yes  No

9. Have you ever been hospitalized, institutionalized or been an outpatient in an alcohol or substance abuse program?  Yes  No

If Yes, please detail: Place: \_\_\_\_\_ Admitted: \_\_\_\_\_ Discharged: \_\_\_\_\_

Place: \_\_\_\_\_ Admitted: \_\_\_\_\_ Discharged: \_\_\_\_\_

Place: \_\_\_\_\_ Admitted: \_\_\_\_\_ Discharged: \_\_\_\_\_

10. Marital status:  Married  Single  Divorced

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_ Yrs. \_\_\_\_\_

Previous Employer \_\_\_\_\_

11. Please list any other impairments: \_\_\_\_\_

12. Please list any and all medications currently being taken: \_\_\_\_\_

13. Last life insurance application: Date \_\_\_\_\_ Company \_\_\_\_\_ Action \_\_\_\_\_

Any additional information: \_\_\_\_\_



P.O. Box 920370  
Norcross, Ga 30010  
800-533-5969 - 770-662-0516 Fax

Margaret@diversifiedins.com

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email: \_\_\_\_\_