

**Leaders Life Insurance Company**  
**PO Box 35768**  
**Tulsa OK 74153**

**Alcohol / Drug Questionnaire**

**Name:** \_\_\_\_\_

**File Number:** \_\_\_\_\_

1. Do you presently use alcohol or drugs? **Yes**  **No**

If "yes", please advise frequency and type of alcohol or drugs used.

\_\_\_\_\_

\_\_\_\_\_

2. Did you ever drink or use drugs more substantially than the present? **Yes**  **No**

If "yes", please advise frequency and type of alcohol or drugs used.

\_\_\_\_\_

\_\_\_\_\_

3. Why did you change your habits? \_\_\_\_\_

4. Have you ever consulted a physician, received treatment or advice, or been hospitalized because of your alcohol or drug use? **Yes**  **No**

List dates, hospitals, treatment centers and physicians' names and addresses:

\_\_\_\_\_

\_\_\_\_\_

5. Have you ever been arrested for driving while under the influence of alcohol or drugs? **Yes**  **No**

Please provide details and include dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are you currently participating in a support group? **Yes**  **No**

If so, please advise the name of the group and how often you attend: \_\_\_\_\_

\_\_\_\_\_

7. How long have you been clean and sober? \_\_\_\_\_

8. Please add any additional information that you feel is important concerning your use of alcohol or drugs before and after treatment.

I have read the above questions and answers and I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire will be a part of my application for insurance.

Signature of Proposed insured: \_\_\_\_\_

Dated at: \_\_\_\_\_ on \_\_\_\_\_

City/State

Month/Day/Year