Appletree Financial Network
DRUG USAGE QUESTIONNAIRE

Proposed Insured's Name: DOB: Sex: ☐ M ☐ F

Tobacco Use: ☐ Yes ☐ No Amount: Height: Ft. In. Weight:

Broker's Name: Face Amount:

BGA: Phone: Fax:

Proposed Insured please answer the following:

1. Indicate any of the following drugs you are currently using or have used in the past:

☐ Opium derivatives ☐ Heroin ☐ Morphine ☐ Demerol ☐ Methadone
☐ Barbituates ☐ Phenobarbital ☐ Amytal ☐ Seconal ☐ Nembutal
☐ Marijuana ☐ Hashish ☐ Cannabis
☐ Amphetamines ☐ Benzedrine ☐ Dexedrine ☐ Methedrine
☐ Cocaine ☐ Crack ☐ Any derivatives
☐ Hallucinogens ☐ LSD ☐ DMT ☐ Mescaline ☐ Peyote ☐ Psilocybin
☐ IV drug use:
☐ Other:

2. Please note details on the above mentioned:

Type: Quantity:
Frequency: Date last used:
Type: Quantity:
Frequency: Date last used:
Type: Quantity:
Frequency: Date last used:
Type: Quantity:
Frequency: Date last used:

3. Do you consume any alcohol? ☐ No ☐ Yes, Details:

4. Have you ever suffered from any liver disorder (i.e., enlarged liver, elevated Liver Function Tests) due to drug use? ☐ No ☐ Yes, Details:

5. Have you ever been confined to bed, or lost your job due to your connection with drugs?
☐ No ☐ Yes, Details:

6. Have you ever been arrested or charged in connection with the drugs?
☐ No ☐ Yes, Details:

7. Have you had any moving traffic violations in the last 5 years? ☐ No ☐ Yes, Details:
☐ Violations Number: Type: Dates:
☐ Accidents Number: Were you at fault? ☐ Yes ☐ No
☐ License suspensions or revocations : Dates:
Reasons

8. Are you on any medication(s)? ☐ No ☐ Yes, Name(s) and dosage(s):

9. Date you last consulted your physician:

10. Have you ever received treatment or counseling, consulted or been advised by a doctor, medical facility, or support group (Alcoholics Anonymous, Narcotics Anonymous, etc.) because of your drug use?
☐ No ☐ Yes, Name and address(es) of any doctor(s), hospital(s), and/or treatment center(s):

Underwriter's Notes:

Date: _____ Proposed Insured's Signature_____

FAX: 952-853-0935