



THE LAFAYETTE LIFE INSURANCE COMPANY

1905 Teal Road

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SUPPLEMENT TO APPLICATION
ALCOHOL USAGE QUESTIONNAIRE

PROPOSED INSURED

DATE OF BIRTH

1. Do you presently use alcoholic beverages? If yes, indicate quantity and frequency used:

Table with 3 columns: Beer, Wine, Other Liquor and 3 rows: Daily, Weekly, Monthly

2. Did you ever drink more than at present? If yes, indicate quantity and frequency used:

Table with 3 columns: Beer, Wine, Other Liquor and 3 rows: Daily, Weekly, Monthly

Why did you change your drinking habits?

3. Have you ever consulted a doctor or counselor or received treatment because of alcohol use? If yes, indicate name and address of any doctor, hospital or treatment center:

4. Have you ever been arrested for or convicted of any offense involving the use of alcohol? If yes, when and give details:

Did the court require you to attend or receive alcohol counseling?

5. Have you ever been a member of Alcoholics Anonymous? If yes, A) When and how long were you a member? B) Are you presently an active member?

6. Please add any additional comments below:

To the best of my knowledge and belief all the statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance.

Signed at State of this day of yr

Signature of Witness

Signature of Proposed Insured