

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

SUPPLEMENTAL APPLICATION – DRUG AND ALCOHOL USE QUESTIONNAIRE

Name

Date of Birth

Policy Number

1. Do you presently use alcohol beverages?

Yes No

a. If No, please provide the date of last usage (if applicable):

Type of Alcohol

Date of Last Usage

Beer (1 serving = 12 oz.)	
Wine (1 serving = 5 oz.)	
Liquor (1 serving = 1.5 oz.)	

b. If Yes, please provide quantity of drinks below:

Type of Alcohol

Daily

Weekly

Monthly

Type of Alcohol	Daily	Weekly	Monthly
Beer (1 serving = 12 oz.)			
Wine (1 serving = 5 oz.)			
Liquor (1 serving = 1.5 oz.)			

2. Did you ever use substantially more alcohol in the past?

Yes No

If Yes, please provide usage details, including dates and alcohol amounts in ounces.

Type of Alcohol

Daily

Weekly

Monthly

Date of Last Usage

Type of Alcohol	Daily	Weekly	Monthly	Date of Last Usage
Beer (1 serving = 12 oz.)				
Wine (1 serving = 5 oz.)				
Liquor (1 serving = 1.5 oz.)				

3. Do you presently or did you in the past use any of the following, other than for treatment of a medical condition by a licensed member of the medical profession?

a) Amphetamines e.g. 'Ecstasy', 'Ice', MDMA, 'Speed', 'Uppers'

Yes No

b) Barbiturates e.g. 'Downers'

Yes No

c) Cannabis e.g. 'Hashish', Marijuana, 'Pot', THC, 'Edibles'

Yes No

d) Cocaine e.g. 'Coke', 'Crack', 'Snow'

Yes No

e) Hallucinogens e.g. 'Acid', 'Angel Dust', 'Haze', LSD, 'Microdots'

Yes No

f) Opiates e.g. Codeine, Heroin, Methadone, Morphine, Opium, 'Smack'

Yes No

g) Sedatives e.g. Diazepam, 'Downers', Nitrazepam, 'Tranks'

Yes No

h) Solvents e.g. Aerosols, Glue

Yes No

i) Others

Yes No

