

CPS QUICK QUOTE FOR ALCOHOL AND DRUG USAGE

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance. © COPYRIGHT CPS

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS. UL TERM YRS. LVL _____

TOBACCO USE NO YES, TYPE _____ / REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____

DATE OF LAST MEDICAL CHECKUP _____ / DATE OF LAST EKG _____ AND RESULTS _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION _____ FAX _____

1. PLEASE NOTE CLIENT'S CONDITION:

- ALCOHOL ABUSE (ANSWER QUESTIONS 2 – 7 AND 11)
 DRUG ABUSE (ANSWER QUESTIONS 8 – 11)

2. DOES THE CLIENT CURRENTLY CONSUME ANY TYPE OF ALCOHOLIC BEVERAGE?

- NO YES, HOW OFTEN AND IN WHAT AMOUNTS:

3. IS THE CLIENT CURRENTLY A MEMBER OF AA, OR A SIMILAR SUPPORT GROUP? NO YES

4. HAS THE CLIENT EVER BEEN HOSPITALIZED, INSTITUTIONALIZED, OR BEEN AN OUTPATIENT IN AN ALCOHOL REHABILITATION PROGRAM?

- NO YES, DATE OF DISCHARGE _____

5. WITHIN THE LAST 10 YEARS, LIST THE DATE(S) OF DRIVING UNDER THE INFLUENCE (DUI) ARRESTS AND CONVICTIONS, OR CHECK NONE

MONTH _____ YEAR _____

MONTH _____ YEAR _____

MONTH _____ YEAR _____

6. PLEASE NOTE RESULTS OF MOST RECENT LIVER FUNCTION TESTS:

- NORMAL
 MINIMALLY ELEVATED
 MODERATELY ELEVATED
 ELEVATED

7. IS THE CLIENT PRESENTLY TAKING, OR TAKEN IN THE PAST, ANTABUSE OR ANOTHER MEDICATION TO HELP CONTROL DRINKING? NO YES

8. IS THE CLIENT USING, OR USED IN THE PAST, ANY OF THE FOLLOWING SUBSTANCES OR DRUGS (CHECK BOX AND DETAIL):

- OPIATES/NARCOTICS: HEROIN, CODEINE, MORPHINE, METHADONE, DEMOROL
 BARBITURATES: AMYTAL, PHENOBARBITAL
 NON-BARBITURATES: PLACIDYL, DORIDEN, QUAALUDE
 AMPHETAMINES: BENZEDRINE, DEXEDRINE
 METHAMPHETAMINES: COCAINE, CRACK, ICE
 HALLUCINOGENS: LSD, PEYOTE, PSILOCYBIN, ECSTASY
 MARIJUANA
 OTHER _____

DETAIL DATES LAST USED, AMOUNT, FREQUENCY:

9. HAS THE CLIENT EVER BEEN TREATED FOR SUBSTANCE ABUSE?

- NO YES, DETAIL DATE(S) AND PLACE(S): _____

10. HAS THE CLIENT EVER BEEN ARRESTED FOR POSSESSION, USE, DISTRIBUTION OF, OR SALE OF AN ILLEGAL SUBSTANCE?

- NO YES, DETAIL DATE(S) AND PLACE(S): _____

11. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY):
