

**Identification**

Policy number:

Name of person to be insured:

First Name of person to be insured:

Date of birth:  /  /   
                  year        /    month    /    day

**Section Alcohol use**

1. Do you currently consume alcoholic beverages?  Yes  No

If yes, please state your current average consumption:    Beer (bottles)    Wine (glasses)    Spirits (ounces)

Per day: \_\_\_\_\_

Per week: \_\_\_\_\_

Per month: \_\_\_\_\_

2. In the past, did you ever drink more than at present?  Yes  No

If yes, please state your previous consumption:    Beer (bottles)    Wine (glasses)    Spirits (ounces)

Per day: \_\_\_\_\_

Per week: \_\_\_\_\_

Per month: \_\_\_\_\_

Period from: \_\_\_\_\_ To: \_\_\_\_\_



**Alcohol use (...continued)**

3. Have you ever consulted a doctor for excessive use of alcohol or received treatment for alcohol abuse?  Yes  No

If yes, please provide the name and address of all doctors and clinics consulted and the dates consulted:

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If no, have you ever considered asking some professional help?  Yes  No

4. Have you ever been advised to drink less or to seek treatment for excessive alcohol use?  Yes  No

5. Have you stopped drinking alcoholic beverages altogether?  Yes  No

If yes, have you had any relapse since you resolved to stop drinking?  Yes  No

Please indicate the date you last consumed alcoholic beverages: \_\_\_\_\_

6. Have you ever been convicted or charged for driving under the influence of alcohol?  Yes  No

If yes, indicate the number of charges or convictions and the date of each: \_\_\_\_\_

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7. Are you now or have you ever been a member of Alcoholics Anonymous or of any similar organization?  Yes  No

If yes, please provide details: \_\_\_\_\_

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**Alcohol use (...continued)**

8. Please provide any other relevant information you consider to be important to risk assessment:

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I, the undersigned, declare that the above answers are true and complete and shall form part of my application for insurance with Humania Assurance.

Signed at: \_\_\_\_\_

Date: 

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year / month / day

Signature of witness: \_\_\_\_\_

Signature of person to be insured: \_\_\_\_\_

Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6