

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:

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: _____

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: _____

Alcohol use (...continued)

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

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