

***This application supplement is attached to and made part of the application for insurance. In this application supplement, "you" and "your" mean the proposed insured.***

Proposed Insured	Birth Date
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1. Do you currently drink alcoholic beverages?.....  Yes  No  
 If Yes, how many drinks per week? \_\_\_\_\_

2. At any time in the last 10 years did your use of alcoholic beverages exceed the frequency or quantity you indicated in question 1 above? .....  Yes  No  
 If Yes, how many drinks per week? \_\_\_\_\_

Dates of use of these amounts: From \_\_\_\_\_ (year) to \_\_\_\_\_ (year).

If Yes, why did you reduce or stop drinking alcoholic beverages?

\_\_\_\_\_

\_\_\_\_\_

3. In the last 10 years have you:

a. Received or been advised by a medical professional to seek medical treatment, counseling or support for use of alcohol or for an alcohol-related medical condition or impairment? .....  Yes  No

b. Been advised by a medical professional to discontinue the use of alcohol?.....  Yes  No

If Yes to a or b above, please provide:

Names and addresses of medical professionals, counselors and treatment centers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Types of treatment you received, including medication:

\_\_\_\_\_

\_\_\_\_\_

Dates of treatments, consultations and hospitalizations:

\_\_\_\_\_

\_\_\_\_\_

4. Are you now or in the last 10 years have you been a member of Alcoholics Anonymous (AA) or any similar support organization? .....  Yes  No

If Yes, when did you last attend meetings? \_\_\_\_\_

How frequently do you, or did you, attend meetings? \_\_\_\_\_

If you joined and discontinued membership in Alcoholics Anonymous or a similar organization, please provide details and reasons:

\_\_\_\_\_

\_\_\_\_\_

5. In the last 5 years, have you had your driver's license suspended or revoked; or have you been convicted of reckless driving, driving while impaired or driving under the influence of drugs or alcohol? .....  Yes  No

If Yes, please provide details, including offense(s) and dates:

\_\_\_\_\_

\_\_\_\_\_

6. In the last 10 years have you used any controlled drug or legal or illegal substance except as prescribed by a medical professional? .....  Yes  No  
If Yes, please name the substance and date last used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. **Remarks.** (Use this space for any additional information or details regarding any of the above questions.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I Represent That:** All answers in this application supplement are true and complete to the best of my knowledge and belief; and they are correctly recorded; and any and all answers I have provided to any Standard representative are recorded in this application.

**NOTE: A person who knowingly presents false information or conceals material information in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

\_\_\_\_\_  
Signature of Proposed Insured

Signed at \_\_\_\_\_ on \_\_\_\_\_  
City, State Date