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Questionnaire For: Drug Use

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

Agent's Name: _____ Phone #: _____
 Proposed Insured: _____ Date of Birth: ___/___/___
 Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
 Amount of Coverage \$ _____ Product Type _____

1. In the past five years, have you used:

- | | Yes | No |
|--|-----|-----|
| (a) barbiturates, sedatives or tranquilizers habitually? | [] | [] |
| (b) LSD, marijuana, or any amphetamine? | [] | [] |
| (c) Heroin, morphine, or other narcotic drug? | [] | [] |
| (d) Other drug not listed above? | [] | [] |

If yes, give details:

Type	How Often Used	Dosage or Amount Used	Dates Used	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. If treatment received, when? _____
 where? _____
 name _____
 address _____
 Nature of treatment? _____
 Name of attending physician? _____

3. Are you now an active member or participant in a support group? [] Yes [] No