American General
Life Companies

Drug/Alcohol Questionnaire

☐ **American General Life Insurance Company, Houston, TX**
☐ **The United States Life Insurance Company in the City of New York, New York, NY**
☐ **American General Life Insurance Company of Delaware, Wilmington, DE**

In this questionnaire, the "Company" refers to the insurance company whose name is checked above.
The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue.
No other company is responsible for such obligations or payments.

Proposed Insured Information

First Name _____ MI _____ Last Name _____ Date of Birth _____ Social Security # _____

1. Do you presently use or have you ever used:
   Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no

   If yes, indicate which of the following you use (used):
   - ☐ Amphetamines (Benzedrine, Dexedrine, Methedrine, etc.)
   - ☐ Cocaine (Cocaine, Crack, etc.)
   - ☐ Hallucinogens (LSD, DMT, Peyote, etc.)
   - ☐ IV Drugs
   - ☐ Marijuana (Hashish, Cannabis, etc.)
   - ☐ Opiates (Codeine, Heroin, Methadone, etc.)
   - ☐ Beer
   - ☐ Wine
   - ☐ Liquor

2.

	Drugs	Alcohol
Date(s) last used:		
Amount usually used:		
Frequency of use:	☐ Daily ☐ Weekly ☐ Monthly	☐ Daily ☐ Weekly ☐ Monthly
How long have you used:		

3. Have you ever received medical treatment because of:
   A. Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no
   B. If yes, name(s) of doctor/facility, address and dates of treatment: _____
   C. Was your treatment court ordered? ☐ yes ☐ no If yes, provide details: _____
4. Have you ever joined or attended a support group (such as AA or NA) because of:
   A. Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no
   B. If yes, name of support group and dates of attendance: _____
   C. If yes, are you still an active member of a support group? ☐ yes ☐ no
   D. Was your attendance court ordered? ☐ yes ☐ no If yes, provide details: _____
5. Have you ever been arrested, charged or convicted (including DWI, DUI, etc.) in connection with:
   A. Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no
   B. If yes, list date, state, county, charge and current status: _____

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Signed at (city, state) _____

Proposed Insured Signature **X** _____ Date _____