

Life Insurance Company of Alabama

Gadsden, Alabama 35902

DRUG QUESTIONNAIRE

Name of Proposed Insured _____ Date of Birth _____

In the past 10 years, has the Proposed Insured named above used :

- | | Yes | No |
|--|--------------------------|--------------------------|
| a) barbiturates, sedatives or tranquilizers habitually? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) LSD, marijuana, or any amphetamine? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) heroin, morphine, or other narcotic drug? | <input type="checkbox"/> | <input type="checkbox"/> |

List below the types taken and the periods of use:

TYPES	DATES USED		HOW OFTEN
	FROM	TO	

Additional Remarks:

I hereby represent, to the best of my knowledge and belief, that all the above statements are complete and true, and I agree that they shall form a part of the application and become a part of any contract of insurance issued on such application.

Dated at _____ this _____ day of _____, 20____

Witness

Signature of Person Applying for Insurance

