# HABITS QUESTIONNAIRE - ALCOHOL

**(To be completed by the life insured)**

## Policy details

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<th>Policy no.</th>
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<th>Name of insured</th>
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## Questions

1. Do you consider your present state of health to be good?  
   - [ ] Yes  
   - [ ] No

2. What is your current consumption of alcoholic beverages?
   - **Per day**
     - Spirits (tots)
     - Wine (litres)
     - Malt Liquor (litres)
   - **Per week**

3. Have you ever habitually exceeded the above amount in the past?  
   - [ ] Yes  
   - [ ] No
   - If yes, when and over what period of time?

4. What was your consumption then?
   - **Per day**
     - Spirits (tots)
     - Wine (litres)
     - Malt Liquor (litres)
   - **Per week**

5. When did you last have any alcohol?  
   - [ ] Yes  
   - [ ] No

6. Have you ever been advised to reduce your consumption of alcohol?  
   - [ ] Yes  
   - [ ] No
   - If yes, give full details

7. Has your use of alcohol ever caused any social or marital problems?  
   - [ ] Yes  
   - [ ] No
   - If yes, give full details

8. Have you ever been absent from work because of your use of alcohol?  
   - [ ] Yes  
   - [ ] No
   - If yes, give full details

9. Have you ever been involved in any breach of law in connection with the use of alcohol?  
   - [ ] Yes  
   - [ ] No
   - If yes, give full details
10. Have you ever received medical treatment or attended a hospital or any other institution regarding your alcohol consumption? 
   If yes, state name(s) and address(es) of attending doctors and institutions, as well as dates of treatment(s).

11. Are you a member of Alcoholics Anonymous or any other similar organisation?
   If yes, how frequently do you attend meetings? When last did you attend a meeting?

13. Have you ever sought medical advice or assistance with regard to this e.g. counselling, detox, rehabilitation?
   If yes, provide full details of the attending medical professional and institution.

14. Have you ever been diagnosed as having a liver or pancreas related disorder?

Declaration by life insured

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between Hollard Life and myself.

I authorise Hollard Life to approach any doctor or medical institution to confirm the details of my medical history.

Signature (life insured) 

Date