WILLIAM PENN LIFE INSURANCE
COMPANY OF NEW YORK
A Legal & General America Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 346-4773

ALCOHOL/DRUG USAGE QUESTIONNAIRE

Supplement to application for life insurance on the life of _____

1. Do you presently use alcoholic beverages? ☐ Yes ☐ No
    If "Yes", please advise:
    Frequency: (Daily/Weekly) _____
    Type: (Beer/Wine/Liquor) _____
    Number of Drinks (or ounces) _____

2. Have you ever consumed more alcohol than at present? ☐ Yes ☐ No
    If "Yes", please advise: When: _____
    Frequency: (Daily/Weekly) _____
    Type: (Beer/Wine/Liquor) _____
    Number of Drinks (or ounces) _____

3. Why did you change your drinking habits? _____
    _____

4. Have you ever used amphetamines, barbiturates, cocaine, heroin, crack, marijuana, LSD, PCP, or other
    illegal, restricted or controlled substances, except as prescribed by a licensed physician?
    ☐ Yes ☐ No
    If "Yes", please provide date of use: From: _____ To: _____
    Name of Drug used: _____
    Amount and Frequency of use: _____

5. Have you ever had employment, financial or family problems as a result of your alcohol/drug use?
    ☐ Yes ☐ No
    If "Yes", please provide complete details: _____
    _____

6. Have you ever been convicted of driving under the influence or had any other traffic violation(s) and/or
    accident(s) where alcohol or drug use was involved? ☐ Yes ☐ No
    If "Yes", please provide complete details: _____
    _____

7. Have you ever consulted a physician, received treatment or advice or been hospitalized because of
    your alcohol and/or drug use? ☐ Yes ☐ No
    If "Yes", please provide date, hospital or treatment center and physician's names and addresses: _____
    _____

8. Have you ever participated in a self-help group, such as Alcoholics or Narcotics Anonymous?
    ☐ Yes ☐ No
    If "Yes", please provide name of self help group: _____
    How frequently did you attend? _____

9. Please use the space below to provide any additional information you feel would help us in evaluating
    your application. _____
    _____
    _____

The applicant may attach additional sheets if more space is needed to explain an answer.

I hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I
agree that they shall form part of my application for insurance.

Proposed Insured's Signature: _____   Witness: _____

Date: _____

LU-1227-WP (5/05)