

Colonial Life Insurance Company (Trinidad) Limited
29, St. Vincent Street
Port-of-Spain

ALCOHOL QUESTIONNAIRE

NAME :

DATE OF BIRTH :

POLICY NO :

How often do you drink? _____

What type of drink? e.g. Beer, Rum, Whisky, Vodka, Other _____

No. of drinks consumed _____

Where do you drink? Home, Bars, Job, Other _____

Do you drink in company or alone? _____
(Give details)

Do you consider yourself a social or compulsive drinker? _____

Have you ever had any problems with your domestic life or with the Law as far as
your drinking habits are concerned? _____
(If yes give details)

Have you ever sought assistance from "AA" or any other such organization?

SIGNATURE

DATE