

- 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):

- |   |   |
|---|---|
| <input type="checkbox"/> Amphetamines (Benzedrine, Dexedrine, Methedrine, etc.)<br><input type="checkbox"/> Cocaine (Cocaine, Crack, etc.)<br><input type="checkbox"/> Hallucinogens (LSD, DMT, Peyote, etc.)<br><input type="checkbox"/> IV Drugs<br><input type="checkbox"/> Marijuana (Hashish, Cannabis, etc.)<br><input type="checkbox"/> Opiates (Codeine, Heroin, Methadone, etc.) | <input type="checkbox"/> Beer<br><input type="checkbox"/> Wine<br><input type="checkbox"/> Liquor |
|---|---|

2.

	Drugs	Alcohol
<b>Date(s) last used:</b>		
<b>Amount usually used:</b>		
<b>Frequency of use:</b>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<b>How long have you used:</b>		

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 \_\_\_\_\_