

MARIJUANA USE

AGENT NAME: _____

CLIENT NAME: _____ **Date:** _____

1. Does your client presently use marijuana? Yes No
2. If yes, provide quantity, frequency, and date of last use _____
3. Does your client now or in the past use any other drugs or excessive alcohol? Yes No If Yes, provide details.

4. Has your client ever consulted a doctor, been hospitalized, or undergone therapy (either in-patient or out-patient) because of marijuana use?
If Yes, provide details.

5. Was the treatment court ordered? Yes No
6. Has your client had any relapses? Yes No
If Yes, provide dates _____
7. Has your client ever been charged with impaired driving, lost a job, or been arrested due to the use of marijuana or alcohol? Yes No
8. Provide 'stability' details - employment history and family status.

9. Is your client a member of AA, NA, or any other support group? Yes No
If Yes, which one(s)? _____

Save and Email Completed Form to: quotes@levelfourinsurance.com

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