



TOBACCO USE QUESTIONNAIRE

Applicant Name: _____ Date of Birth: _____

- 1. In the past twelve months I have used tobacco products as follows:
Cigarettes #___ Per day #___ Per week #___ Per Month
Cigars #___ Per day #___ Per week #___ Per Month
Pipe #___ Per day #___ Per week #___ Per Month
Chewing #___ Per day #___ Per week #___ Per Month
Smokeless #___ Per day #___ Per week #___ Per Month

2. In the past 24 months my use of tobacco products has changed as follows:

3. Have you used the above noted tobacco products regularly at any time during your life?
YES NO
If so, please describe your regular usage per day, week or month and the number of years you used each tobacco product on a regular basis: _____

4. Are you currently using a nicotine patch or any other nicotine products to help you stop smoking?
YES NO

NOTICE: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud, which is a crime.

I hereby verify that the above questions have been answered by me fully, completely and truthfully to the best of my ability.

Signature of Proposed Insured

Date

Witness

Date