

## 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