



TOBACCO USAGE QUESTIONNAIRE

Applicant Name: _____ Date of Birth: _____

Height _____ Weight _____

1. In the past twelve months I have used: Date last used
- | | | | | |
|------------|---------|-----------------|------------------|-----------------|
| 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. Age when you started using tobacco: _____

3. Have you ever changed the type of tobacco products used or amount used? Yes No
If yes, clarify type of change / amount / date: _____

4. Are you currently using a nicotine patch or any nicotine products other than stated in question #1?
 YES NO

Notes/comments: _____

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: _____