

NON SMOKING STATEMENT

Applicant: Please complete answers to questions below:

1. Do you smoke or have you smoked in the past 12 months?

yes

no

2. Does any other person who resides in the insured household, now smoke or have they smoked in the past 12 months?

Yes

no

Signature of Applicant_____Date_____

NOTE: Smoking is defined to include smoking of cigarettes, cigars, pipe tobacco and other similar materials.

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The above statement is correct to the best of my knowledge and belief.

Signature of Agent_____Date_____

Agency_____Policy Number_____