



TOBACCO USE 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