

## NON-SMOKING STATEMENT

APPLICANT: Please complete answers to questions below:      YES      NO

- |   |       |       |
|---|-------|-------|
| 1. Do you smoke or have you smoked in the past 12 months?   | _____ | _____ |
| 2. Does any other person who resides in the Insured household, now smoke or have they smoked in the past 12 months? | _____ | _____ |

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 \_\_\_\_\_ Agency \_\_\_\_\_

Date \_\_\_\_\_ Policy Number \_\_\_\_\_