



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

PO BOX 1419, Charlotte NC 28201-1419, 800-959-3894