

The Thompson Agency of New England
TOBACCO USE QUESTIONNAIRE

Applicant Name: _____ Date of Birth: _____

1. In the past twelve months I have used tobacco products as follows:

- 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. In the past 24 months my use of tobacco products has changed as follows:

3. Have you used the above noted tobacco products regularly at any time during your life?

- YES NO If so, please describe your regular usage per day, week or month and the number of years you used each tobacco product on a regular basis: _____

4. Are you currently using a nicotine patch or any other nicotine products to help you stop smoking?

- YES NO

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 Date _____