

## NON-SMOKING STATEMENT

APPLICANT: Please complete answers to questions below:

1. Do you now 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?

☐☒

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Smoking is defined to include the smoking of cigarettes, cigars, pipe tobacco and 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 \_\_\_\_\_

FORM 231-0294 (5/86)

