

Tobacco Use Questionnaire

Name of Proposed Insured _____ Date of Birth _____

Describe your use of tobacco or nicotine products in any form by providing the following information.
Complete all questions.

1) Do You Currently Use:

- a) Cigarettes..... Yes No
If "Yes," number of packs of cigarettes per day: _____
- b) Cigars..... Yes No
If "Yes," number of cigars per day: _____
- c) Pipe..... Yes No
- d) Chewing Tobacco..... Yes No
- e) Nicotine Gum..... Yes No
- f) Nicotine Patch..... Yes No

2) Have You Ever Used:

- a) Cigarettes.....
If "Yes", month and year last used _____
- b) Cigars.....
If "Yes", month and year last used _____
- c) Pipe.....
If "Yes", month and year last used _____
- d) Chewing Tobacco.....
If "Yes", month and year last used _____
- e) Nicotine Gum.....
If "Yes", month and year last used _____
- f) Nicotine Patch.....
If "Yes", month and year last used _____

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire is a part of my application for life insurance.

Signature of Proposed Insured

Date Signed

Signed at City



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