TOBACCO QUESTIONNAIRE

1. Name of Proposed Insured	2. Date of Birth

3. Do you use tobacco in any form? ☐ Yes ☐ No

4. If (3) is answered "Yes,"
   a) What do you use?_____
   b) How often or many per day?_____

5. If (3) is answered "No,"
   a) Have you used tobacco within the past 5 years? ☐ Yes ☐ No
   b) What did you use?_____

6. If (5) is answered "Yes,"
   a) When did you stop?_____
   b) Did you stop on advice of a physician? ☐ Yes ☐ No
   If "Yes," please give reason(s) and name and address of physician.

_____

_____

_____

I represent that the answers to the above questions are true to the best of my knowledge and belief.

Signed at_____ Date_____

_____ _____

Witness Signature of Proposed Insured

CPS

NAILBA
NATIONAL ASSOCIATION OF INDEPENDENT LIFE BROKERAGE AGENCIES