

**SUPPLEMENT TO APPLICATION
CIGARETTE SMOKING QUESTIONNAIRE**

Proposed Insured: _____ Date of Birth: _____

1. Are you now a cigarette smoker? Yes No Never Smoked

2. How much do you smoke?

less than 1/2 pack/day

less than 1 pack/day

more than 1 pack/day

more than 2 packs/day

3. How long have you smoked cigarettes? _____

4. If you ever smoked cigarettes and stopped, what was the date you last stopped?

_____ 19____
Month Year

5. Do you use tobacco in any other form? Yes No

If so, please provide details: _____

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 may be part of my application for insurance.

Signature of Proposed Insured

Dated at _____ on _____ 19____
City/State Month/Day Year