NAME	
FIRST NAME	
DATE OF BIRTH (D / M / Y)	APPLICATION OR POLICY NUMBER

TOBACCO QUESTIONNAIRE

1. Do you use:

	YES	NO	QUANTITY PER DAY	SINCE WHEN
a) Cigarettes	☐	☐		
b) Cigars, Cigarillos	☐	☐		
c) Pipe	☐	☐		
d) Chewing Tobacco	☐	☐		
e) Other Substances (Ex: marijuana...)	☐	☐		
f) Electronic Cigarettes	☐	☐		

2. If you have used any of the above in the past and have given up the habit:

a) When did you last used? _____

b) Why did you quit?

- On your doctor's advice? _____
- Other? (Provide the complete details)_____

_____

c) Please provide the complete details of the type of substances used and the quantity consumed per day:

_____

_____

_____

I declare that all statements and answers provided above are complete and true and that the information shall form part of my insurance application with **UL Mutual**.

X_____ X_____

SIGNATURE OF THE PROPOSED INSURED **SIGNATURE OF THE POLICY OWNER**

X_____ _____

WITNESS **DATE**