To	ba	CC	o Usage	Questionnaire
Policy	#	(if	known):	

Proposed Insured					
First Name M	I Last Name	Date of	Birth	Social Security #	
Do you use any of the following?	0	B. I.	0		
	Current User Yes or No	Date last used (mm/yy)	Quantity per day?	How many years used?	
a. Cigarettes	☐ Yes ☐ No				
b. Cigars, cigarillos	☐ Yes ☐ No				
c. Electronic cigarettes	☐ Yes ☐ No				
d. Pipe	☐ Yes ☐ No				
e. Chewing tobacco/snuff	☐ Yes ☐ No				
f. Other tobacco/nicotine and/or similar products: (please specify, e.g., hookah, nicotine gum, nicotine patches, betel nut)	□ Yes □ No				
If you have been a cigarette user in the	•				
a. When did you quit smoking cigarettb. Why did you quit?	es?	Date:			
i. Medical reasons?		nd addresses of physicia	ans consulted:		
ii. Other reasons? Please specify:					
greement: I hereby declare that all stater nd belief. I agree that they and this quest ny material fact known to me may invalid	tionnaire shall form a p				
roposed Insured Signature					
(
igned at (city, state)		_			
igned on (date)					