500-5000 Yonge Street
Toronto, ON M2N 7J8
Fax: 1-877-767-0477

Smoking and/or Tobacco Questionnaire

(to be completed by Proposed Insured)

Policy Number:

PLEASE PRINT

Name of Proposed Insured: _____ Date of Birth: D D / M M / Y Y Y Y

1 Have you ever smoked cigarettes or cigarillo (small cigars)? . . . . . ○ Yes ○ No

a) If ***"Yes,"*** how many per day and how long have you been smoking? _____

b) When did you last smoke cigarettes or cigarillo (small cigars)? _____

2 Have you ever smoked cigars?

a) If ***"Yes,"*** what is the number of cigars used? _____ per year and date of last usage: D D / M M / Y Y Y Y

b) How long have you been smoking cigars? _____

3 Did you ever stop before?

a) If ***"Yes,"*** when? _____ and for how long? _____

4 Did you stop on a physician's advice? If ***"Yes,"*** please give details in #7 . . . . . ○ Yes ○ No

5 Do you now or have you ever used any other form of tobacco such as Cigarettes, Cigarillos (small cigars), Electronic cigarette, Nicotine patch, Nicorette chewing gum, Snuff, Betel nuts, traditional Large Cigars, Pipe, Shisha/hookah (water pipe), Chewing tobacco, Marijuana/Hashish (Joints) or any other smoking cessation products?. . . . . ○ Yes ○ No

If ***"Yes,"*** please provide full details. (Form and length of time used, date last used, reason for quitting):

_____

_____

_____

_____

6 In a social situation (party) or stressful situation (business meeting) do you smoke? . . . . . ○ Yes ○ No

If ***"Yes,"*** how many and when was the last time you smoked?

_____

_____

_____

_____

7 Other Comments:

_____

_____

_____

I understand that my answers to the above questions will be relied on by *ivari* in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire (being part of the Application for Insurance) may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to *ivari*.

Dated at _____ this _____ day of _____ , 20 _____ .

Signature of Proposed Insured

Signature of Witness

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