



American Brokerage Services, Inc.

Toll Free: 1-888-227-3131
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803 Willow Grove Avenue
Wyndmoor, PA 19038

Tobacco Use Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____

1. In the past twelve months I have used:

| | # | Per Day | # | Per Week | # | Per Month | Date Last Used |
|------------|-------|---------|-------|----------|-------|-----------|----------------|
| Cigarettes | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Cigars | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Pipe | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Chewing | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Smokeless | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

2. Age when you started using tobacco: _____

3. Have you ever changed the type of tobacco products used or amount used? Yes No

If "Yes", clarify type of change/amount/date: _____

4. Are you currently using a nicotine patch or any nicotine products other than stated in question #1?
 Yes No

Notes/Comments: _____

Notice: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud, which is a crime.

I hereby verify that the above questions have been answered by me fully, completely and truthfully to the best of my ability.

Signature of Proposed Insured: _____ Date: _____

Witness by: _____