



# INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

## *Nicotine Use Questionnaire*

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Male ( ) Female ( ) Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker ( ) Non Smoker ( )

Amount of Coverage \$ \_\_\_\_\_ Product Type \_\_\_\_\_

1. Do you smoke cigarettes?  Yes  No Amount: \_\_\_\_\_ Duration: \_\_\_\_\_

2. Do you smoke a pipe/cigar?  Yes  No Amount: \_\_\_\_\_ Duration: \_\_\_\_\_

3. Do you use tobacco in any other form?  Yes  No  
If Yes, please provide Kind and frequency/amount: \_\_\_\_\_

4. Have you been a cigarette smoker and then quit?  Yes  No  
When did you quit and for how many years did you smoke cigarettes?  
\_\_\_\_\_

5. Have you been a pipe/cigar smoker and then quit?  Yes  No  
When did you quit and for how many years did you smoke a pipe/cigar cigarettes?  
\_\_\_\_\_

6. Have you ever used tobacco in any other form and then quit?  Yes  No  
When did you quit and for how many years did you use?  
\_\_\_\_\_

7. Have you used nicotine gum or the patch?  Yes  No  
When did you quit and for how long did you use?  
\_\_\_\_\_