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TOBACCO USE QUESTIONNAIRE

Certificate No. _____

Insured: _____ Date of Birth: _____

1. Does the insured currently use tobacco in any form? Yes No

If yes, provide details _____

2. Has the insured used tobacco in the past?..... Yes No

Date of last use: _____

Type of tobacco used: cigarette cigar pipe chewing tobacco other _____

I hereby represent, to the best of my knowledge and belief, that all the answers to the above questions are complete and true, and I understand and agree that they shall become a part of my certificate of insurance.

Signed at: _____ Date: _____

Insured: _____ Witness: _____

Owner: _____

If other than insured