



Insurance Agency, Inc.

A Proud, Local Tradition
Positioned For The Future

Maureen Ross O'Connell, CIC
Kevin E. Ross • Ernest J. Ross, Jr.

NON-SMOKING STATEMENT

APPLICANT: Please complete answers to questions below:

- | | YES | NO |
|---|-----|-----|
| 1. Do you now smoke or have you smoked in the past 12 months? | ___ | ___ |
| 2. Does any other person who resides in the insured household, now smoke or have they smoked in the past 12 months? | ___ | ___ |

Signature of Applicant _____ Date _____

NOTE: Smoking is defined to include the smoking of cigarettes, cigars, pipe tobacco and similar materials.

The above statement is correct to the best of my knowledge and belief.

Signature of Agent _____ Agency _____

Date _____ Policy Number _____