



1455 West Lake Street  
Minneapolis, MN 55408-2666  
Toll-free: 800-945-8851  
Phone: 612-827-3611  
Fax: 612-821-0658  
[www.sonsofnorway.com](http://www.sonsofnorway.com)

## 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