CPS INSURANCE SERVICES

TOBACCO USAGE QUESTIONNAIRE

Name_____ Date of birth_____

1. Do you use tobacco in any form? ☐ Yes ☐ No

2. If (1) is answered “Yes”, what do you use and how often or many per day?

_____

3. If (1) is answered no, have you used tobacco within the past 5 years? ☐ Yes ☐ No What did you use?

_____

4a. If (3) is answered “Yes”, when did you stop? _____

b. Did you stop on the advise of a physician? ☐ Yes ☐ No If “Yes”, what was the reason?

_____

_____

c. Please provide the names and address of the physician.

_____

_____

I represent that all statements and answers to the questions are complete and true to the best on my knowledge and belief.

Signature of Proposed Insured_____ Date_____/_____/_____

Witness_____ Date_____/_____/_____

NAILBA
NATIONAL ASSOCIATION OF INDEPENDENT LIFE BROKERAGE AGENCIES