

Administrative Office:  
Selman & Company  
P. O. Box 506  
Keene, NH 03431-0506  
(855) 241-9891



**Combined Insurance Company of America  
Tobacco or Nicotine Use Questionnaire**

Applicant's Name: \_\_\_\_\_

Application No.: \_\_\_\_\_

1. Do you use tobacco or nicotine products?  Yes  No

2. If yes, what type (s): \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever used tobacco or nicotine products?:  Yes  No

4. If yes, please give date tobacco or nicotine products last used: \_\_\_\_\_

All statements and answers in this form are true and complete. I also agree that:

- a. The statements and answers in this form will be relied upon and form the basis of any insurance.
- b. No information will be considered as having been given to the Insurer unless it is written in this form or other form applying for this insurance.
- c. A copy of this form may be attached to and made part of any insurance coverage issued.

Signature of Insured:

\_\_\_\_\_, Date \_\_\_\_\_, 20\_\_\_\_

Applicant-Owner/Certificateholder (if not signing above):

\_\_\_\_\_

Witness: \_\_\_\_\_