

INVESTORS HERITAGE *Life Insurance Company*

PO Box 717

Frankfort Kentucky 40602

CIGARETTE SMOKING QUESTIONNAIRE

PROPOSED INSURED: _____ **BIRTHDATE** _____

- | | | |
|--|--------|------------|
| 1. Are you now a cigarette smoker? | YES | NO |
| 2. Have you ever been a cigarette smoker and quit? | YES | NO |
| 3. If yes, when did you quit? | Month: | Day: Year: |
| 4. Did, or do, you smoke more than one pack daily? | YES | NO |
| 5. Do you use tobacco in any other form? | YES | NO |

I hereby represent, to the best of my knowledge and belief, that all answers to all the above questions are complete and true, and I agree that they shall form a part of the application and become a part of the application and become a part of any contract of insurance issued as a result of such application.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of fraud.

Dated at: _____ Date: _____

Signature of Agent

Signature of Proposed Insured