



INVESTORS HERITAGE

Life Insurance Company

Harry Lee Waterfield II, President

Post Office Box 717 | 200 Capital Avenue | Frankfort, Kentucky 40602-0717

Phone: 800.422.2011 | Fax: 502.875.7084 | Email: ihlic@ihlic.com

NICOTINE USAGE QUESTIONNAIRE

POLICY NUMBER: _____

INSURED

(Check all that apply)

1. Are you currently using tobacco or products containing nicotine (including cigarettes, cigars, pipe, chewing tobacco, snuff, gum, lozenge or patch)?

YES NO

2. Have you ever used tobacco or products containing nicotine (including cigarettes, cigars, pipe, chewing tobacco, snuff, gum, lozenge or patch)?

YES NO

3. If yes, when did you quit?

Month

Day

Year

BIRTH DATE

I hereby represent, to the best of my knowledge and belief, that all answers to the above questions are complete and true.

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed in City and State

Date

X

Insured's Signature

X

Owner's Signature (if different than Insured)

Insured's email address

() _____

Insured's Daytime phone:

Home Cell Work

Owner's email address (if different than Insured)

() _____

Owner's Daytime phone:

Home Cell Work