



# INVESTORS HERITAGE

## *Life Insurance Company*

Harry Lee Waterfield II, President

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## NICOTINE USAGE QUESTIONNAIRE

**POLICY NUMBER:** \_\_\_\_\_

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### INSURED

### BIRTH DATE

**(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**

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 presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

\_\_\_\_\_  
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