

**Ordre des comptables professionnels agréés du Québec**  
**Non-Smoker Questionnaire**

*N.B.: You are considered a non-smoker only if you have not used tobacco products in the last 12 months.*

**Policies numbers**

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**Name of member**

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|   | <b>Member</b>  | <b>Spouse</b>  |
|---|--|--|
| 1. Do you presently use any tobacco or nicotine products including, cigarettes, cigarillos, colts, cigars, pipes, chewing tobacco, snuff, gum or patches, electronics cigarettes, shisha/hooka (waterpipe), marijuana or hashish? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If yes, indicate <b>type</b> and <b>amount</b> .   | <hr/> <hr/>  | <hr/> <hr/>  |
| 3. If no, have you ever used any?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. If yes, give <b>date</b> stopped and <b>reason</b> .   |  |  |
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I understand that, as contemplated by statute, any material misrepresentation or non-disclosure in the answers to the questions in the Non-Smoker Questionnaire shall render coverage voidable by the insurer.

I understand the above and the statements and answers recorded above are given by me and are, to the best of my knowledge and belief, complete and true.

|             |                            |
|-------------|----------------------------|
| <b>Date</b> | <b>Signature of member</b> |
| <hr/>       | <hr/>                      |
| <b>Date</b> | <b>Signature of spouse</b> |
| <hr/>       | <hr/>                      |