

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

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

Name of the insured	Policy number
	CA0

- Do you presently use any tobacco or nicotine products including, cigarettes, cigarillos, colts, cigars, pipes, chewing tobacco, snuff, gum or patches, shisha/hooka (waterpipe), marijuana or hashish? Yes No
- If yes, indicate **type** and **amount**.
- If no, have you ever used any? Yes No
- If yes, give **date** stopped and **reason**.

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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.

Date

Signature of the insured

