

**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

Name of member

| | Member | Spouse |
|---|--|--|
| 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 **type** and **amount**.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

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 **date** stopped and **reason**.

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 member

Date

Signature of spouse