Smoking questionnaire

Your details
Name
Application number(s)

Why we are asking you for this information
We'd like some information about your smoker status, so that we can assess whether to offer you cover and the terms of that cover.

What you need to know before completing the questionnaire
You must take reasonable care to answer the questions fully, honestly, and accurately, to the best of your knowledge.
If you don't answer the questions correctly your policy may be cancelled, or its terms may be changed, or your claim may be rejected or not fully paid.

Please answer the following questions
1 Please provide accurate information about your use of cigarettes including roll ups, vapes and e-cigarettes containing nicotine, cigars, pipes or any other tobacco or nicotine products including patches and gum.
   • Regular, occasional or social use
   • Completely stopped less than 12 months ago
   • Completely stopped 1-3 years ago
   • Completely stopped 3-5 years ago
   • Completely stopped more than 5 years ago
   • Never used
2 If regular, occasional or social user, please indicate the amount smoked below:

Declaration
I declare that:
• I have completed the information on this form fully, honestly, and accurately, to the best of my knowledge.
• I am aware that if I haven’t answered the questions correctly my policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.
• I have read and understood the declaration in the application, and I consent to my personal data being used in the way described in the Data Protection declaration and the leaflet ‘Your privacy is important to us’.

Signature

Date

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