

Your details

Application number(s)

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.

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.

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.

- 7

Regular, occasional or social use

7

Completely stopped less than 12 months ago

7

Completely stopped 1-3 years ago

7

Completely stopped 3-5 years ago

7

Completely stopped more than 5 years ago

7

Never used

2. If regular, occasional or social user, please indicate the amount smoked below:

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 the Zurich data protection leaflet 'Your privacy is important to us' and I agree to the personal information I have provided in this form being used in the ways described.

Signature

Date

Zurich Assurance Ltd, authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Registered in England and Wales under company number 02456671.
Registered Office: Unity Place, 1 Carfax Close, Swindon, SN1 1AP.
Telephone: 01793 514514.
We may record or monitor calls to improve our service.

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