



# Appletree Financial Network TOBACCO SUMMARY

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Proposed Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F  
Tobacco Use:  Yes  No Amount: \_\_\_\_\_ Height: \_\_\_\_\_ Ft. In. Weight: \_\_\_\_\_  
Broker's Name: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
BGA: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Proposed Insured please answer the following:

1. Which of the following tobacco products do you or have you used?

- |  |               |                            |
|--|---------------|----------------------------|
| <input type="checkbox"/> Cigarettes      | Amount: _____ | Period of time used: _____ |
| <input type="checkbox"/> Cigars          | Amount: _____ | Period of time used: _____ |
| <input type="checkbox"/> Pipe            | Amount: _____ | Period of time used: _____ |
| <input type="checkbox"/> Chewing tobacco | Amount: _____ | Period of time used: _____ |
| <input type="checkbox"/> Marijuana *     | Amount: _____ | Period of time used: _____ |
| <input type="checkbox"/> Other:          | Amount: _____ | Period of time used: _____ |

**\* Please complete the Drug Questionnaire.**

2. If you are no longer a user of tobacco products, when and why did you quit?

When: \_\_\_\_\_, Why: \_\_\_\_\_

3. Are you on any medication(s)?  No  Yes, Details: \_\_\_\_\_

4. Date you last consulted your physician: \_\_\_\_\_

5. Name and address of your physician(s): \_\_\_\_\_

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Underwriter's Notes:

Date: \_\_\_\_\_ Proposed Insured's Signature: \_\_\_\_\_