

TO BE COMPLETED BY THE INSURED

(1) I hereby declare that I have not smoked any cigarettes, cigars, cigarillos, pipe, or used chewing tobacco, e-cigarettes, nicotine products (patch, gum, etc.), or marijuana in the period from _____ to the date of this declaration.
(DD/MM/YYYY)

(2) I hereby declare that there has not been any significant change in my health status between the policy issue date and the date of this declaration.

I understand that this statement will be attached to and is part of my application for insurance coverage. I further understand that misrepresentation of my smoking habits may result in a decline of any claim.

 Insured Last Name _____
 Product name

 Insured First Name _____
 Policy Number

 Home Address

 City _____
 Province _____
 Postal Code

 Insured Signature

Signed at: _____ in _____ on _____
City Province Date (DD/MM/YYYY)

TO BE COMPLETED BY WITNESS

I have known _____ for the period between _____ and this date
Insured Name (DD/MM/YYYY)

and can confirm the fact that **the insured** has not smoked any cigarettes, cigars, cigarillos, pipe, or used chewing tobacco, e-cigarettes or nicotine products (patch, gum, etc.) or marijuana during the declaration period.

 Witness Last Name _____
 Witness First Name

 Witness Home Address

 City _____
 Province _____
 Postal Code

 Witness Signature

Signed at: _____ in _____ on _____
City Province Date (DD/MM/YYYY)