



HERMANN SONS LIFE

Tobacco Usage Questionnaire

TO BE COMPLETED BY APPLICANT
PLEASE PRINT IN BLUE OR BLACK INK ONLY IF FILLING OUT BY HAND

Name _____ Date of Birth _____

1. Are you currently or have you ever used any tobacco products? Yes No

If "Yes," what type?

_____ Chewing tobacco

_____ Cigarettes

_____ Cigar

_____ Pipe

_____ Vaporizing

_____ Other _____

How often used? _____

2. When was the last time you used any tobacco products? _____

Please indicate the status of the original certificate:

_____ **Enclosed** _____ **Lost**

If certificate is lost, please attach the Lost Certificate Affidavit form.
You may download the Lost Certificate Affidavit form on our website at hermannsonslife.org

I hereby represent, to the best of my knowledge and belief, that all answers to all the above questions are complete and true, and I agree that they shall form a part of the application and become a part of any contract of insurance issued as a result of such application.

Signature of Proposed Insured

Date

Mail completed form to: Hermann Sons Life, P.O. Box 1941, San Antonio, TX 78297-1941
Home Office Phone: 800-234-4124 or 210-226-9261 • Website: hermannsonslife.org