

NON-SMOKER DECLARATION

Broker: _____ Policy Number: _____

Named Insured(s): _____

I hereby declare that neither I, nor any other person living in my residence:

- Has smoked during the past twelve (12) months, and will not smoke tobacco products or any other combustible substance on the premises as defined in the policy,

while insured

Date Name Signature of Resident

Date Name Signature of Resident

Date Name Signature of Resident

Date Name Signature of Resident