

# NON-SMOKING DECLARATION

INSURED(S) \_\_\_\_\_ POLICY NO. \_\_\_\_\_  
\_\_\_\_\_  
BROKER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form is to be signed by ALL named insureds.**

I hereby declare that neither I, or any other person living in my residence, have not during the past twelve months, and will not smoke tobacco products or any other combustible substance on the premises as defined in the policy while insured by \_\_\_\_\_ Insurance.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_