



FUTURE GENERALI

TOTAL INSURANCE SOLUTIONS

SMOKING QUESTIONNAIRE

TO BE FILLED BY THE APPLICANT

Name of the Life Insured _____
 Application Number _____

PLEASE ANSWER EACH QUESTION AND, WHERE APPROPRIATE, PROVIDE DETAILS AND COPIES OF REPORTS

1. Do you consume tobacco in any of the following forms? Yes No

Form/Type	Cigarette/Bidi	Chew (Gutkha, Mava, Raw Tobacco)	Cigar	Pipe/Hukka	Others (Please Specify)
Quantity	_____ sticks per day	_____ gm packets per day	_____ times per day	_____ times per day	_____ per day
Duration	_____ years	_____ years	_____ years	_____ years	_____ years

2. When did you first develop this habit? (First consumption): _____

3. Have you ever received medical or any other treatment for: Yes No

Excessive tobacco consumption; or have you ever been medically advised to reduce or discontinue tobacco use?

If 'Yes', please provide details and attach copies of medical reports: _____

4. a) Have you made any attempts to give-up the habit? Yes No

b) If 'Yes', why and how? What were the results? _____

5. a) Do you have a history of hypertension / diabetes / heart problem / stroke / depression or anxiety? Yes No

b) If 'Yes', please specify: _____

I hereby declare, that the above answers and statements are true and complete; and agree that this questionnaire together with the proposal dated _____ shall form a part of the contract between me and the company.

Place: _____ Date: _____

Signature of the Life Insured

Please enclose a self-attested copy of any medical reports, if available.

VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____ Date: _____

Signature of the Life Insured