

AUTO (All States Except Texas)

NON-SMOKER POLICY
Supplement

KIND OF ENTRY	STATE	POLICY NUMBER						EFFECTIVE DATE			FOR REGIONAL OFFICE USE ONLY						
											CO. CODE	RECEIVED DATE		K/R	CHG. CODE		PKG. CODE
1	2	4					Mo.	Day	Yr.	1	Mo.	Day	8	07	1		
							18	20	21	13	14	15	17	22	23	30	
NAME OF MOST FREQUENT OPERATOR							RATED DRIVER/DRIVER KEY				OTHER DRIVER				CARE SUPP.		
							MO.	DAY	YR.	INIT.	PKG. CODE	YR	INIT.	PKG. CODE			
							53	55	57	59	1	64	65	1	68	<input type="checkbox"/> 2 79	
ASSIGNED AGENT		DIST.	AGENT.														

I do not currently smoke, nor have I smoked in the past two years.

I hereby declare that the above statement is true and I understand and agree that it shall be a part of the application for the Non-Smoker Automobile Insurance Policy.

Signature of Most Frequent Operator Named Above _____

Agent's Signature _____

FIRE (All States)

NON - SMOKER FIRE POLICY SUPPLEMENT

KIND OF ENTRY	STATE	POLICY NUMBER							EFFECTIVE DATE			FOR REGIONAL OFFICE USE ONLY						
												CO. CODE	REC'D DATE		K/R	CHG. CODE		CODE
8									Mo.	Day	Yr.	3	Mo.	Day	8			1
1	2	4							18	20	21	13	14	15	17	22	23	36
NAME OF APPLICANT OR NAMED INSURED										ASSIGNED AGENT		DIST		AGENT				

1. Do you or does anyone in your house currently smoke? Yes No

2. Have you or has anyone in your household smoked in the past two years? Yes No

I swear that the above statements and answers are true and I understand and agree that they shall be a part of the application for the Non-Smoker Fire Policy.

Signature of Head of Household _____

Agent's Signature _____