

# Nicotine Questionnaire



**FARMERS**  
LIFE INSURANCE

Insured/  
Proposed Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Agent: \_\_\_\_\_  
Policy/Application Date: \_\_\_\_\_ Agent Code: \_\_\_\_\_

Please complete and submit this questionnaire **in your own handwriting** to Farmers New World Life Insurance Company.

Have you in the last five years used Tobacco or Nicotine products in any form?  Yes  No

If you answered Yes to the question above, please answer the following questions:

- In what form did you use nicotine?  
 Cigarette  Pipe  Cigar  Chewing tobacco  Gum or Patch  Other \_\_\_\_\_
- Amount of nicotine used per day? \_\_\_\_\_
- Date last used? \_\_\_\_\_
- For how many years did you use nicotine? \_\_\_\_\_
- Did you stop on physician's advice / or assistance? \_\_\_\_\_

Reason for advice: \_\_\_\_\_

Name of physician: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

I acknowledge that I have read all the answers to the above questions and that they are complete and true and are fully recorded to the best of my knowledge and belief. I understand that the above statements shall form a part of the policy.

I also certify that I have read the fraud warning and other notices listed on form 31-4226 for my state of residence, if any.

\_\_\_\_\_  
Date Signature of Insured/Proposed Insured Witness

## Farmers New World Life Insurance Company

3003 77<sup>th</sup> Avenue S.E., Mercer Island, WA 98040-2890 / (206) 232-8400  
Columbus Life Office: PO Box 182325, Columbus, OH 43218-2325 / (614) 764-9975  
Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139 / 1-877-376-8008

# Fraud Warnings and Other Notices



**FARMERS**  
LIFE INSURANCE

Please review the warning and/or notice applicable to your state, if any.

**Arkansas, Louisiana, and New Mexico** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia** – “WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

**Florida** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**Maine** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Minnesota Guarantee Association Notice** – *This applies only to the variable funds of life and annuity policies:* This policy or contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of this insurer will be available to pay your claim.

**Missouri** – Suicide is no defense to payment of life insurance benefits nor is suicide while insane a defense to payment of accidental death benefits, if any, under this policy where the policy is issued to a Missouri citizen, unless the insurer can show that the insured intended suicide when s/he applied for the policy, regardless of any language to the contrary in the policy.

**New Jersey** – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio** – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

**Oklahoma** – WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania** – “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

**Tennessee, Virginia and Washington** – “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

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