

NON-SMOKING DECLARATION

Name and address of participant	Date of birth
	Certificate no.
Postal code	
Telephone numbers (Area code + no.)	

ANY MISREPRESENTATION MAY JUSTIFY THE ANNULMENT OF THE INSURANCE APPLIED FOR.

	PARTICIPANT
Have you smoked cigarettes, cigarillos, cigars, a pipe or any kind of tobacco products or substitutes, such as nicotine gum, nicotine patches or e-cigarettes in the past twelve (12) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the answers given above are true and complete and I agree that they are to be considered the basis of the insurance applied for. I acknowledge that any misrepresentation regarding the use of tobacco may result in the cancellation of the insurance if nonsmoker rates had been granted.	
_____ Signature of participant	_____ Date
_____ Witness Signature	_____ Date

PLEASE EMAIL (INFO@CPAIPW.CA) OR SEND THE ORIGINAL TO CPA INSURANCE PLANS WEST AND KEEP A COPY FOR YOUR FILE.