



PO Box 1090
Great Bend, KS 67530
Toll Free: (844) 728-7896
TTY: (844) 728-7897
Fax: (620) 793-1199

Non-Tobacco User Affidavit

I declare that I neither (i) presently smoke or use tobacco products, nor (ii) have smoked or used tobacco products at any time during the 12 months immediately preceding the date of this affidavit. I understand that if I falsely claim the non-tobacco user discount on my application for insurance, I have an obligation to pay the additional premium required of tobacco users and the denial of any claim under the insurance policy for which is in effect or for which I am applying.

“Smoke or use tobacco products” for purposes of this affidavit means any use of cigarettes, pipes, cigars or any other tobacco products regardless of the number of times, frequency or method of use.

I, the applicant, have read the above and understand the penalties that may apply if my statements are false.

Printed Name: _____

Signature: _____

Date: _____

For applicants under the age of 18: I am the custodial parent / legal guardian of the applicant. I declare that the above statements of or on behalf of the applicant are true.

Printed Name: _____

Signature: _____

Date: _____