

THE PROVIDENCE MUTUAL FIRE INSURANCE COMPANY

NON-SMOKING STATEMENT

APPLICANT - Please complete answers to questions below:	YES	NO
1. Do you now smoke or have you smoked in the past twelve (12) months?	_____	_____
2. Does any other person who resides in the insured household now smoke or have smoked in the past twelve (12) months?	_____	_____

Date & Signature of Applicant _____

NOTE: Smoking is defined to include the smoking of cigarettes, cigars, pipe tobacco and similar materials.

The above statement is correct to the best of my knowledge and belief.

Signature of Agent _____

Name of Agency _____

Date _____ Policy Number _____

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