



F. A. Peabody Company
"When you're serious about insurance"



FAPCO Non-Smoker Statement

For a reduction in premium, I agree to the following:

No one, who is a resident of my household, smoke, nor has smoked, for the past 12 months.

I further agree that if a resident should start smoking or if a new resident smokes, I will notify the company within 30 days.

_____ Signature of Insured

_____ Policy Number (if assigned)

_____ Agent _____ Date