

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 smok	ed, for the past 12 mon	ths.
I further agree that if a resident should start smoking or if a new notify the company within 30 days.	esident smokes, I will	
	_ Signature of Insured	
	_ Policy Number (if ass	igned)
	Agent	Data