

## NON-SMOKERS STATEMENT OF WARRANTY

Name of Applicant:

Policy Number:

Agency Name: **Turner** Barker Insurance

For a reduced premium, it is hereby warranted by the named insured(s) that no resident of the insured premises smokes or has smoked in the past twelve (12) months, nor will begin smoking during the policy period.

Should a resident at the insured premises begin to smoke, or should a person who smokes become a resident at the insured premises, you agree to report this change to us within thirty (30) days of that date.

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

**APPLICANT'S STATEMENT:** This warranty is an addendum to my policy application. I understand that the Fair Credit Reporting Act, Fraud Warning and Applicant's Statement notices that apply to my application also apply to this supplemental application. I have also read and answered the above warranties, and agree to the terms and conditions therein.

**SIGNATURE OF APPLICANT(S):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF AGENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_