

NAME: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

FORWARD THIS FORM TO: (name of the person you are sending this form to) \_\_\_\_\_

**THE DOMINION OF CANADA  
GENERAL INSURANCE COMPANY**

**NO SMOKERS DECLARATION**

In consideration of the reduction in premium, I hereby declare that neither I nor any other person residing in my principal residence smokes tobacco or any other combustible substance.

Policy No. \_\_\_\_\_

Broker \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Insured/Applicant

Date \_\_\_\_\_