
BROKER:

NAMED INSURED(S):

POLICY NUMBER:

EFFECTIVE DATE:

DECLARATION

I hereby declare that neither I, nor any other person living in my residence have smoked nor used tobacco products during the past twelve (12) months, and will not smoke nor use tobacco products as defined in the policy while insured by Unica Insurance.

I confirm that all the information provided is accurate and factual:

Date _____ **Signature of Named Insured(s)** _____