

THE CONCORD GROUP INSURANCE COMPANIES
Concord General Mutual Insurance Company
Green Mountain Insurance Company, Inc.
Sunapee Mutual Fire Insurance Company
State Mutual Insurance Company

Named Insured

Policy Number

Address of Insured Premises

Agent

NON-SMOKERS STATEMENT

I hereby state that no resident of the insured premises smokes or has smoked cigarettes, cigars, pipe tobacco or similar materials within the past twelve (12) months.

I also state that should a resident begin to smoke, or should a person who does smoke become a resident of the insured premises, I agree to report this change to my insurance agent within thirty (30) days.

I understand that by giving this statement I will receive a premium credit on my homeowner coverage.

Signature of Insured

Date

Signature of Insured

Date