

# PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619  
Birmingham, AL 35283-0619

## INFORMAL TRANSMITTAL

### SECTION 1 – REQUIRED INFORMATION

Proposed Insured Name: (First, MI, Last)

Birthdate

Gender

City

State

Zip Code

Face Amount

Anticipated Rate Class (*illustration preferred*)

List all outstanding offers provided within the last 12 months. (*Protective will not review informal cases where the case has been offered Table 6, or above, with another carrier within the last 12 months.*)

Agency Contact Information: Submitted by:

Contract Number:

Phone Number:

Email Address:

### SECTION 2 – ADDITIONAL INFORMATION – (will aid in speed and quality of the offer)

Annual Income

Net Worth

Target Premium

Amount of Coverage (*Total inforce and applied for*)

**Medical History:** Include physician's names, diagnoses and date of last treatment/consultation.

List All Prescription Medications:

Additional Remarks:

CALIFORNIA ONLY - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.