

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

SUPPLEMENTAL APPLICATION – PARACHUTE/SKY DIVING QUESTIONNAIRE

Name: _____ Date of Birth: _____

1. What class of license do you have? _____

2. Date obtained and from where? _____

3. How many jumps have you logged? _____

4. Do you belong to a club? _____

5. Do you jump professionally, compete for record attempts, use experimental equipment? _____

If Yes, explain: _____

6. In what type of events do you compete? _____

7. Have you ever had an accident parachuting? No Yes If Yes, explain: _____

8. Number of jumps last 12 months: _____ Next 12 months: _____

I declare that the above information is true and complete to the best of my knowledge and shall form part of my application to Protective Life.

Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties, according to state law.

Signed at (City, State): _____, _____ day of _____ (Month), _____ (Year).

Signature of Proposed Insured

Witness