PROTECTIVE LIFE INSURANCE COMPANY

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

SUPPLEMENTAL APPLICATION - DRUG AND ALCOHOL USE QUESTIONNAIRE Date of Birth **Policy Number** Name 1. Do you presently use alcohol beverages? ☐ Yes ☐ No a. If No, please provide the date of last usage (if applicable): Type of Alcohol **Date of Last Usage** Beer (1 serving = 12 oz.) Wine (1 serving = 5 oz.)Liquor (1 serving = 1.5 oz.) b. If Yes, please provide quantity of drinks below: Type of Alcohol Daily Weekly Monthly Beer (1 serving = 12 oz.) Wine (1 serving = 5 oz.) Liquor (1 serving = 1.5 oz.)

☐ Yes ☐ No

Type of Alcohol	Daily	Weekly	Monthly	Date of Last Usage
Beer (1 serving = 12 oz.)				
Wine (1 serving = 5 oz.)				
Liquor (1 serving = 1.5 oz.)				

3. Do you presently or did you in the past use any of the following, other than for treatment of a medical condition by a licensed member of the medical profession?

If Yes, please provide usage details, including dates and alcohol amounts in ounces.

2. Did you ever use substantially more alcohol in the past?

a)	Amphetamines e.g. 'Ecstasy', 'Ice', MDMA, 'Speed', 'Uppers'	□ Yes	□ No
b)	Barbiturates e.g. 'Downers'	☐ Yes	□ No
c)	Cannabis e.g. 'Hashish', Marijuana, 'Pot', THC, 'Edibles'	☐ Yes	□ No
d)	Cocaine e.g. 'Coke', 'Crack', 'Snow'	☐ Yes	□ No
e)	Hallucinogens e.g. 'Acid', 'Angel Dust', 'Haze', LSD, 'Microdots'	☐ Yes	□ No
f)	Opiates e.g. Codeine, Heroin, Methadone, Morphine, Opium, 'Smack'	☐ Yes	□ No
g)	Sedatives e.g. Diazepam, 'Downers', Nitrazepam, 'Tranks'	☐ Yes	□ No
h)	Solvents e.g. Aerosols, Glue	☐ Yes	□ No

Name of Drug	Daily	Weekly	Monthly	Date of Last Usage		
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Did you ever use substanti	ally more drug	s in the past?			□ Yes	. □ N
If Yes, please provide usag	ge details, incl	uding usage d	ates:			
Name of Drug	Daily	Weekly	Monthly	Date of Last Usage	٦	
Are you a member now o Narcotics Anonymous? Was your membership cou	urt ordered?					i □ No
If Yes, please provide deta	ils to current a	attendance and	d dates joined.			
EMARKS:						
EMARKS:						
EMARKS:						
EMARKS:						
EMARKS:						
EMARKS:						
EMARKS: hereby represent that the above best of my knowledge and					plete an	d true t

(X) ______ Signature of Proposed Insured Witness

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