

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

SUPPLEMENTAL APPLICATION – DRUG AND ALCOHOL USE QUESTIONNAIRE

Name _____ Date of Birth _____ Policy Number _____

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.)			

2. Did you ever use substantially more alcohol in the past? Yes No
- If Yes, please provide usage details, including dates and alcohol amounts in ounces.

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?
- 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
 - i) Others Yes No

Continued.....

If Yes to any of the above drugs listed, please provide usage details below:

Name of Drug	Daily	Weekly	Monthly	Date of Last Usage

4. Did you ever use substantially more drugs in the past? Yes No

If Yes, please provide usage details, including usage dates:

Name of Drug	Daily	Weekly	Monthly	Date of Last Usage

5. Are you a member now or have you ever been a member of Alcoholics Anonymous or Narcotics Anonymous? Yes No

Was your membership court ordered? Yes No

If Yes, please provide details to current attendance and dates joined.

REMARKS:

I hereby represent that the above statements and answers to all the above questions are complete and true to the best of my knowledge and belief, and I agree that they shall form a part of my application.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

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

(X) _____
Signature of Proposed Insured

Witness

(X) _____
Signature of Agent

Agent's Name Printed

Agent's FL License ID Number: _____