PROTECTIVE LIFE INSURANCE COMPANY

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

SUPPLEMENTAL APPLICATION - DRUG AND ALCOHOL USE QUESTIONNAIRE

Name			Date of Birth		Policy Num	Policy Number				
1.	Do you presently use alcohol beverages? a. If No, please provide the date of last usage (if applicable):					□ Yes	□ No			
	Type of Alcohol	Date of Last Usage								
	Beer (1 serving = 12 oz.)				7					
•	Wine (1 serving = 5 oz.)				-					
	Liquor (1 serving = 1.5 oz.)				-					
L	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? If Yes, please provide usage details, including dates and alcohol amounts in ounces. Type of Alcohol Daily Weekly Monthly Date of Last Usage						□ No			
	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. 'Ecst	asy', 'Ice', M	IDMA, 'Speed'	, 'Uppers'		□ Yes	□ No			
	b) Barbiturates e.g. 'Downers'						□ No			
	c) Cannabis e.g. 'Hashish', Marijuana, 'Pot', THC, 'Edibles'						□ No			
	d) Cocaine e.g. 'Coke', 'Crack', 'Snow'						□ No			
	e) Hallucinogens e.g. 'Acid', 'Angel Dust', 'Haze', LSD, 'Microdots'									
	f) Opiates e.g. Codeine, Heroin, Methadone, Morphine, Opium, 'Smack'									

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☐ Yes ☐ No

☐ Yes ☐ No ☐ Yes ☐ No

g) Sedatives e.g. Diazepam, 'Downers', Nitrazepam, 'Tranks'

h) Solvents e.g. Aerosols, Glue

i) Others

	Name of Drug	Daily	Weekly	Monthly	Date of Last Usage	7		
						-		
						-		
						_		
ı	Did you ever use substantially more drugs in the most?						□ No	
١.	Did you ever use substantially more drugs in the past? If Yes, please provide usage details, including usage dates:							
	Name of Drug	Daily	Weekly	Monthly	Date of Last Usage			
•	Are you a member now or have you ever been a member of Alcoholics Anonymous or Narcotics Anonymous?							
	Was your membership cou	irt ordered?				☐ Yes	□ No	
	If Yes, please provide details to current attendance and dates joined.							
ŁΕ	MARKS:							
he	ereby represent that the abo best of my knowledge and	ove statement belief, and I aç	s and answers gree that they s	to all the abo	ove questions are com art of my application.	plete and	true to	
or nis	y person who knowingly wi insurance or statement of sleading, information conce rime and may subject such	claim containi rning any fact	ing any materi material there	ally false info to commits a	rmation or conceals fo fraudulent insurance a	r the pur	pose of	

APPLICATION ENDORSEMENT

This Endorsement is part of the Application to which it is attached to replace the fraud notice with the following:

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.

Signed for the Company as of the Effective Date, which is the Date of the Application.

PROTECTIVE LIFE INSURANCE COMPANY

Julia M. Lee Secretary