

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

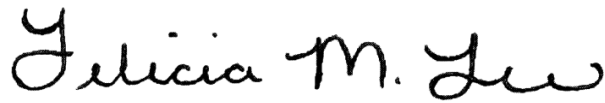
APPLICATION ENDORSEMENT

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

A handwritten signature in black ink that reads "Felicia M. Lee". The signature is written in a cursive, flowing style.

Felicia M. Lee
Secretary