

# PROTECTIVE LIFE INSURANCE COMPANY

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

## CERTIFICATE OF DISCLOSURE - Term / WL Insurance Only

I hereby certify that this Disclosure Statement was presented to the proposed insured no later than the time of signing the application.

\_\_\_\_\_  
Name of Proposed Insured (PRINT)

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date

## DISCLOSURE STATEMENT

THIS DISCLOSURE STATEMENT WITH ALL APPLICABLE BLANKS FILLED IN IS FOR YOUR PROTECTION. IT GIVES YOU BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THE INSURANCE BEING SOLICITED. READ IT CAREFULLY BEFORE SIGNING ANY AGREEMENT TO BUY LIFE INSURANCE.

THIS DISCLOSURE STATEMENT SHALL NOT BE CONSIDERED AS AN OFFER TO CONTRACT OR AS ALTERING OR MODIFYING ANY POLICY OR RIDER THAT MAY BE ISSUED.

\_\_\_\_\_  
Name of Proposed Insured

\_\_\_\_\_  
Age

\_\_\_\_\_  
Gender

\_\_\_\_\_  
\* Name of Agent preparing disclosure

\_\_\_\_\_  
\* Telephone number of Agent

\_\_\_\_\_  
\* Agent home or agency address

Direct all correspondence to above address.

	Descriptive Title of Coverage	Face Amount of Coverage (1) If Not Applicable, Description of Coverage	Annual Premium If Not Known, Premium For Mode Quoted (2)
* Policy	_____ year Level Premium Term Life Insurance		
* Rider(s)			
* Supplemental Benefit(s) (Built into policy)			The cost is included in the premium for the policy.

Total (Initial) (annual, monthly, etc.) premium for the policy and rider will be \_\_\_\_\_.

Upon request, either the company or agent will furnish you with additional information about the insurance described.