

1. Proposed Insured (Please print)	Date of Birth	Policy #
2. Of what country are you a citizen?	3. If not a U.S. citizen, what type of visa and expiration date?	
4. How long have you resided in the U.S?		
5. Do you plan to <u>reside</u> outside the U.S. or Canada in the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state dates, locations, including cities and countries, frequency and length of stay.		
6. Do you plan to <u>travel</u> outside the U.S. or Canada in the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state dates, locations, including cities and countries, frequency and length of stay.		
7. For what purpose is this foreign travel or residence? Please give a brief description of your duties while traveling or residing abroad.		
8. Please provide details of previous travel within the past 2 years. Please state dates, locations, frequency, and duration of visits.		
9. Do you expect to visit non-urban areas? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give details of: a. Your likely accommodations _____ b. The availability of medical facilities _____		
10. Would you consider traveling to war zones or hazardous areas? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give details.		
11. Do you anticipate flying other than as a passenger on regularly scheduled commercial airlines? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give full details.		
12. Additional details and comments: 		
<p>I represent that the answers and statements I have given are true to the best of my knowledge and belief and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree to inform Protective Life Insurance Company of any material changes before the insurance is in effect. I agree that this questionnaire will be part of my application for insurance.</p> <p>Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>		
Signed at _____ <div style="display: flex; justify-content: space-around; width: 100%;"> City State </div>		Date _____
Witness _____		Proposed Insured _____