



**BROKER / REPRESENTATIVE REPORT**

<p>1. In what language were the questions on the application asked? *Please remember that Protective Life cannot accept or service any application from an applicant who does not speak English or Spanish.    <input type="checkbox"/> English   <input type="checkbox"/> Spanish   <input type="checkbox"/> Other*          *List Other Language: _____</p>	<p>Yes</p>	<p>No</p>
<p>2. Is the Proposed Insured a relative or does the Proposed Insured have a business relationship with you?          If Yes, Details: _____</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>3. (a) Will this policy replace or change existing policy(ies)?          (b) If replacement of existing insurance is involved, have you complied with all relevant state requirements, including any Disclosure and Comparison Statements?          If No, Explain: _____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p><b>Answer questions (c) and (d) <u>only</u> if this is a replacement:</b></p>		
<p>(c) Did you use any pre-printed company approved sales materials?          If Yes, List Name or Form Number: _____</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>(d) Did you use any Company approved, electronically generated, individualized sales materials (such as illustrations or concept materials)? (If Yes, you must provide a copy of these materials with the application.)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>4. Have you advised the proposed policyowner or do you know of any advice that has been given to the policyowner to transfer ownership of the policy to be issued, or its death benefits, to a life settlement company, investor, offshore trust, investment trust, or entity associated with stranger owned or investment owned life insurance (commonly called SOLI or IOLI) or are you otherwise aware that the policyowner may be contemplating such a transfer?          If Yes, please explain in Special Requests/Remarks below.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>5. Has a mortality analysis or life expectancy analysis been performed on the Proposed Insured?</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>I have verified the identity of the Owner by picture I.D. (Authorized Representative if Business or Trustee if Trust)          Identification Type: _____ Driver's License Number: _____          Please include Driver's License Number if Owner is an individual and is other than the Proposed Insured.          NOTE: Does not apply to direct marketing situations</p>		

**I certify that:**  
 a) both the Proposed Insured(s) and the Owner(s) read, speak and understand either the English or Spanish language; and  
 b) each has explicitly told me that they understood each question and item contained in this application; and  
 c) the answers given in this application are complete and true to the best of my knowledge and belief; and  
 d) I know of nothing affecting the risk which is not set forth in my representative's report or this life insurance application; and  
 e) I carefully explained each question before recording each answer and before the application was signed.

_____ <i>Signature of Broker/Representative</i>	_____ <i>Date</i>	_____ <i>PLICO Contract Number</i>	_____ <i>Share %</i>	_____ <i>Business Phone Number</i>
_____ <i>Print Name of Above Signature</i>	_____ <i>Email Address</i>		_____ <i>Signed at (City and State)</i>	
_____ <i>Signature of Additional Broker/Representative</i>	_____ <i>Date</i>	_____ <i>PLICO Contract Number</i>	_____ <i>Share %</i>	_____ <i>Business Phone Number</i>
_____ <i>Print Name of Above Additional Signature</i>	_____ <i>Email Address</i>		_____ <i>Signed at (City and State)</i>	
_____ <i>BGA/Broker Dealer Name</i>	_____ <i>PLICO Contract Number</i>			
_____ <i>New Business Key Contact</i>	_____ <i>Email Address</i>	_____ <i>Phone Number</i>		

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*Broker/Representative Special Requests/Remarks:*