

Policy Number



Fax: (423) 267-8843

APPLICATION FOR INDIVIDUAL LIFE INSURANCE		Owner, if other than proposed insured (N/A for CR)	Owner's address
Proposed Primary Insured <input type="checkbox"/> Proposed Other Insured <input type="checkbox"/>		Relationship to Proposed Insured	Social Security or Tax ID #
Name Last First MI <input type="checkbox"/> Male <input type="checkbox"/> Female	Street	Primary Beneficiary	Relationship to Proposed Insured
City State Zip	Social Security number Occupation	Does the proposed insured have life insurance inforce other than group insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birthplace Birthdate Age at nearest birthday	Home phone ( ) Business phone ( )	Is this policy to replace any existing insurance or annuity(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate Company name(s):	
Where can you be reached for additional information? <input type="checkbox"/> Home <input type="checkbox"/> Work Best days: Best times: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Initial death benefit \$	Has the owner been provided a written illustration which conforms to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," owner acknowledges that owner will receive an illustration conforming to the policy as issued no later than at the time of the policy delivery for policies that are illustrated.	
Issue Best Rate Class	Plan of insurance:	Is Proposed Insured a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No:) Country of citizenship _____ Permanent Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No How long in U.S.?	
Riders: <input type="checkbox"/> WP <input type="checkbox"/> ADB <input type="checkbox"/> CR <input type="checkbox"/> Other: Indicate amount for Riders: \$ _____	Amount remitted with this application, in exchange for this Company receipt: \$ Do not submit money if death benefit exceeds \$1,000,000 or insured's age exceeds 65 or health questions below answered yes.	Has Proposed Insured used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 60 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Request:	Has the proposed insured ever been told he had or been treated for: diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure or does proposed insured have any other health problems, habits, or hobbies that may affect insurability? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, preferred rates are unlikely.)		
Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties according to state law.			
<b>Authorization To Obtain And Disclose Information:</b> I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. No coverage will be in effect until: a full application has been signed by the proposed insured; and a policy has been issued; and the full first premium has been received by the company; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy. I (we) have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau. I (we) hereby authorize: any licensed physician or medical practitioner; any hospital, clinic or other medical or medically related facility; any insurance company; the Medical Information Bureau; and any other organization, institution or person that has any records or knowledge of me or my health, to give West Coast Life Insurance Company, its affiliates, or their reinsurers or the Medical Information Bureau, any such information. This authorization is valid for two years from the date this form is signed. An exact copy of this authorization is as valid as the original.			
Signed at: (city and state) _____		Signature of Proposed Insured (if age 18 or over) _____	
Date signed: (month/day/year) _____		Signature of Owner/Applicant, if other than Proposed Insured _____	
Agent: To the best of your knowledge will this policy replace or change any existing life insurance or annuity policy(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," complete any required replacement forms.) Has the Owner been provided an illustration which conforms to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for. Is there any third party other than the proposed insured that will obtain any ownership rights on any policy issued as a result of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Print BGA's name _____		Print Agent's name/Social Security Number or Agent Code _____	
Agent's Signature _____		Date _____	
BGA's telephone: _____		Agent's Telephone number _____	
BGA's telephone: _____		BGA email address: _____	



**Supplement to Life Insurance Application**

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The statements and answers to the questions listed below shall become a part of the attached application; shall be subject to the terms of the attached application; and shall become a part of any policy based on this application.

Print Name of Proposed Insured(s): \_\_\_\_\_

- (1) **For any policy to be issued as a result of this application, will any portion of the initial or future premiums be borrowed, loaned or otherwise financed?**  Yes  No

If yes, complete the "Statement of Owner Intent" (Application Supplement - Part II) and the "Premium Financing Disclosure and Acknowledgement" form.

- (2) **Is there any intention that any party other than the Owner(s) will obtain any right, title or interest in any policy issued on the life of the Proposed Insured(s) as a result of this application?**  Yes  No

If yes, complete the "Statement of Owner Intent" (Application Supplement - Part II).

- (3) **Is a trust to be an Owner of any policy issued as a result of this application?**  Yes  No

If yes, complete the "Trust Certification" (Application Supplement - Part III).

- (4) **If the issue age of any Proposed Insured is 65 or older AND the total coverage currently applied for across all Protective companies is \$1,000,000 or more, complete the "Statement of Owner Intent" (Application Supplement - Part II).**



**West Coast Life  
Insurance Company**

A PROTECTIVE COMPANY

343 Sansome Street, San Francisco, CA 94104  
PO Box 193892, San Francisco, CA 94119-3892  
1-800-366-9378

**Conditional Receipt**

**THIS RECEIPT IS TO BE GIVEN TO THE APPLICANT AT THE TIME OF APPLICATION IF ANY MONEY IS TAKEN**

Received from \_\_\_\_\_ in connection with the application

dated \_\_\_\_\_ for life insurance totaling \$ \_\_\_\_\_, on the life (lives) of \_\_\_\_\_.

1. NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO DELIVERY OF THE POLICY APPLIED FOR UNLESS AND UNTIL ALL THE CONDITIONS OF THIS RECEIPT HAVE BEEN FULFILLED EXACTLY:
  - a. The amount of payment taken with the application must be at least equal to the amount of the full first premium for the mode of payment selected in the application and for the amount of insurance which may become effective prior to delivery of the policy.
  - b. All medical examinations, tests, x-rays and electrocardiograms required by the company must be completed and received at its home office within 60 days from the date of completion of Part 1 of this application.
  - c. As of the effective date, as defined below, each person proposed for insurance in this application must be a risk insurable in accordance with the company's rules, limits and standards for the plan and the amount applied for without any modification either as to plan, amount, riders, supplemental agreements and/or the rate of premium paid.
  - d. As of the effective date, the state of health and all factors affecting the insurability of each person proposed for insurance must be as stated in the application.
2. Subject to the conditions of paragraph 1, insurance, as provided by the terms and conditions of the policy applied for and in use on the effective date, but for an amount not exceeding that specified in paragraph 3, will become effective as of the effective date. "Effective date" as used herein, is the later of: (a) the date of completion of Part 1 of the application, or (b) the date of completion of all medical examination, tests, x-rays and electrocardiograms required by the company, or (c) the date of issue if any, requested in the application.
3. The total amount of insurance which may become effective on any person proposed for insurance shall not exceed \$1,000,000 of life insurance, including any accidental death insurance benefits.
4. If one or more of the conditions of paragraph 1 have not been fulfilled exactly, there shall be no liability on the part of the Company except to return the applicable payment in exchange for this Receipt.
5. NO AGENT OR ANY OTHER PERSON IS AUTHORIZED BY THE COMPANY TO WAIVE OR MODIFY IN ANY WAY ANY OF THE PROVISIONS OF THIS CONDITIONAL RECEIPT. **ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO WEST COAST LIFE INSURANCE COMPANY – DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAY BLANK.**

Dated at \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

I acknowledge possession of this receipt and I certify that I have read it and the agreement in the application. The terms and conditions of this receipt, to which I agree, and the agreement in this application have been explained to me fully by the agent and I understand them.

\_\_\_\_\_  
Signature of Applicant

**NOTE**

If all the conditions are not fulfilled exactly, the insurance will take effect when the policy is delivered to the owner stated in the application; but only if at the time of such delivery there has been no change in insurability as represented in the application.



## Pre-Qualification Questionnaire Your Guide to More Accurate Quotes

**Applicant's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

1. Have you (proposed insured) used any form of tobacco (cigarettes, pipe, cigars, chew, nicotine gum, or patches) in the last:  
 60 months  Yes  No *If "yes," Super Preferred is not available.*  
 12 months  Yes  No *If "yes," Standard at best, tobacco rates will apply.*

2. Has insured ever been rated or declined for insurance?  
 Yes  No

If so, why? \_\_\_\_\_

*If "yes" quote should be based on Standard rate class. (You may want to contact your Broker General Agent before submitting as a TeleLife case.)*

3. Height \_\_\_\_\_ Weight \_\_\_\_\_

*If weight is within the limits on the table, you may quote the appropriate class. Weight outside of the table would qualify for Standard at best.*

4. Have you ever been treated for high blood pressure?  
 Yes  No *If "yes," Super Preferred is not available.*

5. Has any member of your family (parent or sibling) been treated for cancer, heart disease, or any cardiac related condition prior to age 60?

Yes  No *If "yes," Super Preferred is not available.\**

6. Has any member of your family (parent or sibling) died from cancer, heart disease, or any cardiac related condition prior to age 60?

Yes  No *If "yes," Preferred is not available.\**

7. Are you currently taking or have you been advised to take any prescription medications?

Yes  No

If so, what type and why? \_\_\_\_\_

**West Coast Life Build Chart (07/06)**

Height	Super Preferred Maximum	Preferred Maximum
4'8"		
4'9"		
4'10"		
4'11"		
5'0"	137	156
5'1"	142	160
5'2"	147	165
5'3"	152	170
5'4"	157	175
5'5"	161	178
5'6"	167	185
5'7"	171	190
5'8"	177	195
5'9"	182	200
5'10"	187	205
5'11"	192	211
6'0"	198	217
6'1"	204	224
6'2"	210	233
6'3"	216	238
6'4"	222	245
6'5"	227	252
6'6"	234	259
6'7"	240	267
6'8"	246	275
6'9"	253	283
6'10"	n/a	291
6'11"	n/a	300

*Treatment for diabetes, cancer, heart disease, alcohol or drug abuse, a DUI/reckless driving conviction in last five years, or two or more moving violations in last three years preclude Super Preferred and Preferred.*

*Refer to the West Coast Life Underwriting Guide W-8507 (07/01/06), for an easy reference guide to our Super Preferred and Preferred rate classes.*

\*Waived if the applicant is actual age 60 or older unless both natural parents died from one of the same preceding impairments prior to age 60.