



**West Coast Life  
Insurance Company**

A PROTECTIVE COMPANY

**P.O. Box 830570 • Birmingham, AL 35283**

**Continuation of Information for Part I (Non-Medical) and Part II (Medical)**

**Proposed Insured** \_\_\_\_\_ **Policy #** \_\_\_\_\_  
Last Name First Name M.I.

The above statements and answers are true and complete to the best of my knowledge and belief. I agree that such statements and answers shall be part of the application and shall be considered the basis of any insurance issued.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Proposed Insured Signature

\_\_\_\_\_  
Owner Signature  
WC-U-642 6/09

\_\_\_\_\_  
Signature of Parent or Legal Guardian