



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 Signature of Parent or Legal Guardian