

Protective Life Insurance Company, its subsidiaries  
and their successors and/or assigns:  
West Coast Life Insurance Company  
Protective Life and Annuity Insurance Company  
MONY Life Insurance Company

**NOTE:**

We require the information to be updated at  
least every 36 months. See Item 5 for  
insurance requirements. We reserve the  
right to alter or amend our approved vendor  
list at our sole discretion.

**CONSTRUCTION INSPECTION FIRMS**  
**Request for Approval**

Company Name: \_\_\_\_\_  
Company Representative: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
Address line 3: \_\_\_\_\_  
Address line 4: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Project Name & Location:

\_\_\_\_\_  
\_\_\_\_\_

Protective Loan Underwriter: \_\_\_\_\_

**For Lender Use Only**

**Reviewed By:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_  
Department Head

**Date:** \_\_\_\_\_

**CC: Front Desk, File**

1. **Purpose.** The purpose of the Plan and Cost Review (PCR) is to determine the adequacy of the construction plans and specifications as well as ensuring the proposed budget is sufficient.

The purpose of Ongoing Construction Monitoring (OCM) is to determine if 1) the project is being built in accordance with the plans and specifications, 2) the work being billed has been completed with acceptable quality, 3) the funds requested are justified by the value of the work & materials observed on-site and/or appropriately stored off-site, 4) the remaining budget is sufficient to complete the project, and 5) the project can be completed by the scheduled completion date.

The person performing the PCR and/or OCM must be qualified with experience in construction monitoring and analysis.

2. **Experience.** The company or the division thereof must specialize in commercial construction analysis and monitoring as a significant portion of its practice and have a staff of qualified construction inspectors. Please include an approximate number of PCRs and OCMs performed by the company, list of all qualified inspectors on staff and how long these professionals or the company have been providing PCRs and OCMs. Attach company brochure and pertinent resumes.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Locations.** If the company has multiple offices, please include or attach a complete list of all office locations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Protocol.** The company must utilize a protocol for PCRs and OCMs generally acceptable to commercial lenders. The process includes a thorough review of all construction contracts, plans, specifications, and budgets. Additionally, OCMs require a physical site visit to assess construction progress and quality.

Please describe below any differences in your firm's PCRs and OCMs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Insurance.** The company must demonstrate adequate coverage limits for professional liability underwritten by insurers acceptable to Protective’s risk manager. By signing below, the company agrees to maintain the coverage limits set forth below continuously for 36 months from the date this form is submitted and is obligated to inform Protective Life Insurance Company of any reductions in coverage during such time. Please attach an Accord Certificate of Liability Insurance detailing the following coverages:

- professional liability insurance with E&O coverage with a single limit of not less than \$1,000,000 which specifically covers the scope of a typical property site assessment
- comprehensive general liability with single limit of not less than \$1,000,000

6. **Liability.** The company’s proposal, contract with the customer or the PCR and OCM must not contain language limiting the professional liability of the firm to less than \$1,000,000 for any of the reports addressed to or relied on by Protective Life Insurance Company, its subsidiaries and their successors and/or assigns (“Lender”).

Does your company agree that Lender can rely on the information in PCRs and OCMs without any liability limitations except for the amount stated on the Accord Certificate?

Yes\_\_\_\_ No\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify, to the best of my knowledge, that information provided is true and accurate and that Protective Life Insurance Company, its subsidiaries and their successors and/or assigns may rely on this information for approval purposes.

\_\_\_\_\_  
Company Representative

Title: \_\_\_\_\_

Date: \_\_\_\_\_