

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

**INSPECTING ARCHITECT/ENGINEERING 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**

**Approved By:** \_\_\_\_\_

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

**CC: Front Desk, File**

1. **Purpose.** The purpose of the Property Condition Assessment (PCA) is to determine the present physical condition of an asset and provide a professional opinion regarding the future aspects of the asset. The person performing the PCA must be a qualified licensed architect or professional engineer with experience in conducting due diligence/property condition surveys.
2. **Experience.** The company or the division thereof must specialize in civil or structural engineering (including property condition surveys) as a significant portion of its practice and have a staff of licensed architects and/or civil engineers. Please include an approximate number of PCA's performed by the company, list of all licensed architects and/or professional engineers on staff and how long these professionals or the company have been providing PCA's. 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 property condition surveys generally acceptable to commercial lenders. The process includes a visual walk-through to identify significant defects, deficiencies, items of deferred maintenance and any material building code violations. The reports should contain at least the following:

- description of the overall property, including the mechanical, electrical, plumbing, roof, foundation, exterior walls, parking lot, representative interiors and common areas;
- review of any plans and specs, if available, list of any building code or ADA violations;
- list of any material physical defects;
- estimated costs to remedy any physical deficiencies;
- photographs;
- summary with conclusions and recommendations.

Please describe below any differences in your firm's PCA's.

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

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 Property Condition Assessment must not contain language limiting the professional liability of the firm 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 PCA’s 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: \_\_\_\_\_