

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. We reserve the right to alter or amend our approved vendor list at our sole discretion.

APPRAISAL FIRMS
Request for Approval of Individual Appraiser

Date of Request: _____
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: _____

<p>For Lender Use Only</p> <p>Approved By: _____</p> <p>Date: _____</p> <p>CC: Front Desk, File</p>

Please fill out the questions as completely as possible and attach supporting documentation (resumes, qualifications, references, etc.)

1. MAI certification Yes____ No____

Please include the date MAI certified.

2. Describe experience in appraising commercial real estate. Please include the number of years appraising real estate and attach a list of representative commercial properties appraised.

3. Please attach or list names, companies, addresses, and telephone numbers of references we may call.

Comments: _____

4. Describe real estate appraisal experience in the area where property is located.

Comments: _____

5. Does the firm or individual(s) have experience testifying in court regarding property valuation? If so, please describe qualifications as an expert witness.

Comments: _____
