

NOTE:

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

Please address the final report to:

Protective Life Insurance Company, its subsidiaries
and their successors and/or assigns

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: _____

For Lender Use Only

Reviewed By: _____

Approved By: _____
Vice President, Construction Loans

Date: _____

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.

You must notify Protective Life Insurance Company in writing should your MAI certification status change.

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

Comments: _____

I certify, to the best of my knowledge, that information provided is true and accurate. I acknowledge that I must notify Protective Life Insurance Company should my MAI certification status change.

MAI Certified Appraiser

Date