

KANAWHA INSURANCE COMPANY
LANCASTER, SOUTH CAROLINA 29720

REQUEST FOR WAIVER OF STANDARD PROCEDURES
Non-English Fluent and Literate Applicants

I, _____ request authorization to solicit Kanawha Insurance Company (the "Company") applications on individuals who are not fluent or literate in English but who speak, read, and write _____(stated language). I certify that I am fluent and literate in both English and the stated language; and that I will read the application, amendments to the application, the Conditional Receipt, and will review the Outline of Coverage and any other documents required by the Company with each person in said language at the time of application. I understand that proof of Permanent Resident status is required at the time of application for all persons who are not United States citizens and that a medical examination/medical records and/or a telephone interview are generally required of all qualifying individuals. I understand that the medical examination, if necessary, must be conducted by a medical professional who is fluent and literate in both English and the stated language or I will have to be present at the time of medical examination to serve as interpreter and to attest to same by countersigning the medical examination below the examiner's signature. I further certify that any policy issued will be explained to each policyowner in his/her stated language. I understand that authorization to write business on this basis may be continued at the sole discretion of the Company; and that it may be withdrawn at any time by notifying me of the withdrawal in writing.

Signature of Insurance Producer

Printed Name of Insurance Producer

Date

Insurance Producer Number

City and State

I, the Undersigned, acknowledge that _____
(Insurance Producer name and number) is fluent and literate in both English and _____
(stated language), and request that he/she be permitted to solicit Kanawha Insurance Company applications on individuals who are not fluent or literate in English, but who speak, read, and write the stated language. I request that a waiver of the requirement for an Interpreter Amendment to the application be granted by the Company and that this bilingual Insurance Producer follow the procedures set forth for each application written by the Insurance Producer. I understand that the conditions under which the waiver is granted will be subject to periodic review, that the Company reserves the right to withdraw this waiver at any time, and that it may be withdrawn by notifying the above Insurance Producer in writing of the withdrawal.

Signature of Managing General Agent

Date

City and State

Return original to Kanawha; return copy to Managing General Agent