

**KANAWHA INSURANCE COMPANY
LANCASTER, SOUTH CAROLINA 29720**

AMENDMENT OF APPLICATION FOR INSURANCE

I hereby amend my application for insurance to Kanawha Insurance Company on the life of _____ dated _____, as follows:

An interpreter has reviewed the Outline of Coverage and has read all questions on the attached application, Amendments to the application (including this Amendment), supplemental application forms, if any, including that part of the application listing coverage(s) applied for, medical examination (if applicable), and the Conditional Receipt attached to the application in my native tongue, which is _____. I agree and understand that all answers I have given are complete and true to the best of my knowledge and belief, and are correctly recorded as set forth on the above documents.

I hereby agree that this Amendment, including the following interpreter certification, shall amend and form a part of the original application and of the policy issued thereunder, if any.

Signed at _____ on _____, 2_____.
City and State

Witness

Signature of Proposed Insured / Owner

Witness

Signature of Insurance Producer

INTERPRETER: I certify that I have reviewed the Outline of Coverage and read to the Proposed Insured and Owner (if different) in his native tongue all questions on the attached application, Amendments to the application (including this Amendment), supplemental application forms, if any, including that part of the application listing coverages applied for, and the Conditional Receipt attached to the application. I certify that I have read the medical examination (cross out if not present at the medical examination) and the medical questions on the application to the Proposed Insured.

Interpreter Name and Address _____

Interpreter Date of Birth _____
Month Day Year

Signature of Interpreter _____

Witness _____

Return original to Kanawha; return copy to Proposed Insured