



South Carolina Department of Insurance

NIKKI R. HALEY
Governor

1201 Main Street, Suite 1000
Columbia, South Carolina 29201
803-737-6099

Termination of Surety Bondsman

Name of Licensed Surety Insurer _____

Insurer Mailing Address _____

The above-named surety insurer hereby terminates its appointment of the following individual as a surety bondsman in the state of South Carolina

Name of Agent: _____

Agent's Current Address: _____

Individual License Number _____

The reason(s) for termination as follows (Give specific details)

THE AFORESAID INSURER FURTHER CERTIFIES THAT IT HAS **GIVEN / MAILED (CIRCLE ONE)** NOTICE OF SUCH TERMINATION TO THE SURETY BONDSMAN AT HIS OR HER ADDRESS SHOWN HEREINABOVE, AND HAS ALSO **GIVEN / MAILED (CIRCLE ONE)** NOTICE OF SUCH WHERE THE INSURER HAS BEEN OBLIGATED ON BAIL BONDS THROUGH THE SURETY BONDSMAN WITHIN THE PAST THREE (3) YEARS, LIST COUNTIES BELOW:

Signed _____

Type Name: _____

Title: _____

Sworn to before me this _____ day of ,20____

Type Name: _____

Title: _____

Notary Public for _____

My Commission Expires: _____

Form No. BB1108 (Rev. 1/2017)