



South Carolina Department of Insurance

Requirements for Approval as an Alien Surplus Lines Insurer in South Carolina

The Applicant must submit the following:

1. It must be listed with the National Association of Insurance Commissioners International Insurers Department (IID). Once approved to be added to the Department's list of Alien Eligible Surplus Lines Insurers, it must remain on the IID List. Should the Department receive notification from the IID that the Applicant has been removed from its list, it will immediately be removed from this Department's list of Alien Eligible Surplus Lines Insurers.
2. A description of the business to be written in South Carolina and the names of the surplus lines brokers that it intends to have place the business.
3. Completed Form 1000 and Form 1027 SL.

Once the above information is received and deemed acceptable, the South Carolina Certificate of Approval will be mailed to the Applicant.

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STATE OF SOUTH CAROLINA
DEPARTMENT OF INSURANCE
 1201 Main Street, Suite 1000, Columbia, SC 29201

FORM NO. 1000

APPLICATION FOR CERTIFICATE OF AUTHORITY - SURPLUS LINES

NAME OF COMPANY	MAILING ADDRESS
STATE IN WHICH ORGANIZED OR INCORPORATED	EXECUTIVE OR HOME OFFICE ADDRESS IF DIFFERENT THAN ABOVE
TYPE OF ORGANIZATION <input type="checkbox"/> STOCK <input type="checkbox"/> MUTUAL <input type="checkbox"/> OTHER (Specify)	

APPLIES FOR AUTHORITY TO TRANACT THE FOLLOWING KINDS OF INSURANCE IN SOUTH CAROLINA:

- PROPERTY SURETY EXCESS AND STOP-LOSS [See 38-1-20(37.5)]
 CASUALTY MARINE

COMPANY IS APPROVED TO DO BUSINESS IN THE FOLLOWING STATES:	COMPANY HAS APPLICATIONS PENDING IN THE FOLLOWING STATES:
HAS COMPANY'S LICENSE EVER BEEN RESTRICTED, SUSPENDED OR REVOKED BY ANY STATE? (If so, attach detailed statement)	HAS COMPANY'S APPLICATION EVER BEEN DENIED BY ANY STATE? (If so, attach detailed statement)

HAS THE COMPANY EVER BEEN APPROVED AS AN ELIGIBLE SURPLUS LINES INSURER IN SOUTH CAROLINA? IF SO, GIVE DATES AND REASON FOR WITHDRAWAL:

WERE ANY OF THE APPLICANT COMPANY'S OFFICERS OR DIRECTORS ASSOCIATED AS AN OFFICER OR DIRECTOR WITH ANY COMPANY AT THE TIME SAID COMPANY'S LICENSE WAS SUSPENDED OR REVOKED OR AT THE TIME SAID COMPANY WAS PLACED IN RECEIVERSHIP? YES NO
 IF ANSWER IS "YES" PLEASE ATTACH A COMPLETE EXPLANATION, GIVING NAMES OF THE OFFICER OR DIRECTOR, NAME OF FORMER COMPANY, ETC.

SOUTH CAROLINA REQUIRES AN ENTRANCE EXAMINATION FOR ANY APPLICANT WHENEVER NECESSARY IN THE DISCRETION OF THE DIRECTOR, AND IN EVERY INSTANCE WHEN, BECAUSE OF THE AGE OF AN INSURER OR OTHER FACTORS APPEARING, AN EVALUATION CANNOT BE MADE OF THE QUALIFICATIONS OF AN APPLICANT PURSUANT TO ARTICLE 1, CHAPTER 3, TITLE 37 OF THE CODE OF LAWS OF SOUTH CAROLINA, 1962, AS AMENDED. WILL YOU SUBMIT TO AN EXAMINATION IF THE DIRECTOR DEEMS ONE IS ADVISABLE? YES NO

IN AN ATTACHMENT, RESPOND TO THE FOLLOWING, AS NUMBERED: 1) STATE BRIEFLY THE KINDS OF BUSINESS THE COMPANY INTENDS TO WRITE IN SOUTH CAROLINA; 2) PROVIDE THE COMPANY'S PLAN OF OPERATION FOR SOUTH CAROLINA; 3) STATE IF THE COMPANY WILL CONFINE ITS OPERATIONS TO A SPECIAL CLASS OF INSUREDS; 4) STATE HOW THE COMPANY WILL MARKET ITS PRODUCTS IN SOUTH CAROLINA; AND 5) DISCUSS BRIEFLY ANY PLANS FOR ECONOMIC DEVELOPMENT IN SOUTH CAROLINA, I.E., THE BUILDING OF A BRANCH, SALES, OR CLAIMS OFFICE, ETC.

WE, THE UNDERSIGNED, BEING DULY SWORN, EACH FOR HIMSELF, DEPOSES AND SAYS THAT THEY ARE THE DESCRIBED OFFICERS OF SAID INSURER, THAT THEY HAVE THE AUTHORITY TO MAKE SUCH APPLICATION, AND THAT THE STATEMENTS MADE IN THIS APPLICATION AND IN THE SUPPORTING SCHEDULES, DOCUMENTS AND PAPERS ARE FULL AND TRUE ACCORDING TO THE BEST OF THEIR INFORMATION, KNOWLEDGE AND BELIEF, RESPECTIVELY. WE FURTHER CERTIFY THAT THE COMPANY IS AUTHORIZED BY ITS CHARTER AND HAS AUTHORITY FROM ITS STATE OR COUNTRY OF DOMICILE TO WRITE THE LINE(S) OF INSURANCE FOR WHICH AUTHORITY IS HEREIN REQUESTED.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ PRESIDENT OR OTHER CHIEF OFFICER

THE _____ DAY OF _____, 20____

 (NOTARY SEAL) SECRETARY



South Carolina
Department of Insurance
Division of Financial Services
1201 Main Street, Suite 1000
Columbia, S.C. 29201

NIKKI R. HALEY
Governor

Raymond G. Farmer
Director of Insurance

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Form 1027 SL

Appointment of the Director of Insurance for the State of South Carolina as Attorney to Accept Service of Process

_____, a corporation duly organized under, and by virtue of, the laws of the State/Country of _____, hereinafter called the subscribing eligible surplus lines insurer, does hereby make, constitute, and appoint the Director of Insurance for the State of South Carolina, and each of his successors in office, to be its true and lawful attorney upon whom all legal process in any action or proceeding against it on a cause of action arising within the State of South Carolina must be served. Further, the subscribing eligible surplus lines insurer does hereby agree that all legal process in any action or proceeding against it on a cause of action arising within the State of South Carolina which is served upon the Director of Insurance for the State of South Carolina, or upon each of his successors in office, shall be of the same legal force and validity as if served upon the subscribing eligible surplus lines insurer.

By this appointment, the subscribing eligible surplus lines insurer does grant to the Director of Insurance for the State of South Carolina, and to each of his successors in office, full power and full authority to perform every act necessary and requisite to be done in order to accept all service of process in any action or proceeding against it on a cause of action arising within the State of South Carolina. Further, the subscribing eligible surplus lines insurer does hereby ratify and confirm any act that the Director of Insurance for the State of South Carolina, or each of his successors in office, shall lawfully do, or cause to be done on his behalf, pursuant to this office, shall lawfully do, or cause to be done on his behalf, pursuant to this granted power. This authority shall continue in full force and effect so long as any of the subscribing eligible surplus lines insurer's liability remains outstanding within the State of South Carolina. This instrument is executed pursuant to, and shall be construed so as to constitute full compliance with, S.C. Code Ann. Section 38-45-170 (1976, as amended).

In witness of this appointment, the subscribing eligible surplus lines insurer, pursuant to a resolution duly adopted by its Board of Directors or like governing body, does both cause this instrument to be executed in its name by its President and its Secretary and cause its corporate seal to be affixed upon this instrument in the

City of _____, in the State/Country of _____,

upon this _____ day of _____, 20 _____.

Attest:

By: _____
SECRETARY

Subscribing Eligible Surplus Lines Insurer

By: _____
PRESIDENT

Subscribing Eligible Surplus Lines Insurer

CITY OF _____)

STATE/COUNTRY OF _____)

This certifies that on the _____ day of _____, 20____, _____, known to me to be the President of the subscribing eligible surplus lines insurer and _____, known to me to be the Secretary of the subscribing eligible surplus lines insurer, personally appeared before me and executed the foregoing Appointment of the Director of Insurance for the State of South Carolina as Attorney to Accept Service of Process and severally acknowledged that they executed the Appointment of the Director of Insurance for the State of South Carolina as Attorney to Accept Service of Process by the authority of, and on behalf of, the subscribing eligible surplus lines insurer pursuant to a resolution of the Board of Directors or like governing body of that subscribing eligible surplus lines insurer duly adopted upon the _____ day of _____, 20____. Further, _____, the Secretary of the subscribing eligible surplus lines insurer, acknowledged that the corporate seal thereto attached or impressed is the corporate seal of the subscribing eligible surplus lines insurer and was personally affixed by him upon the Appointment of the Director of Insurance for the State of South Carolina as Attorney to Accept Service of Process.

In testimony whereof, I have hereunto set my signature and notarial seal upon this _____ day of _____, 20____.

Notary Public _____ (L.S.)

State/Country of _____

My Commission Expires: _____