



**SOUTH CAROLINA DEPARTMENT OF INSURANCE
EDUCATION SERVICES DIVISION
P. O. BOX 100105, COLUMBIA, SC 29202-3105
APPLICATION FOR CONTINUING EDUCATION SPONSOR APPROVAL**

SECTION I. – No Filing Fee Required/Approval letter(s) mailed to Sponsor’s mailing address

Name of Sponsor: _____
 Address: _____
 City: _____ State _____ ZIP _____
 Telephone No.: _____ Sponsor’s FEIN No.: _____
 Email Address: _____ Web Address: _____
 Sponsor Type of Business
 _____ Insurance Company (**Provide SC Company Code _____**) _____ Institution of Higher Learning
 _____ Agent Association _____ Insurance Trade Association
 _____ Private Organization (**Provide a letter explaining Type of business)--Required**)

Name of Sponsor Authorized Representative: _____
 Address: _____
 City: _____ State _____ ZIP _____
 Telephone No.: _____ Email Address: _____

SECTION II

To remain qualified as an approval sponsor, the sponsor agrees to comply with all of the following requirements of Regulation 69-50. Failure to comply with any of these requirements may result in a fine of not less than \$1,000, suspension of approval or termination of approval status.

1. Monitor producers’ attendance by maintaining accurate attendance records;
2. Issue a Certificate of Approval Course Completion to all producers who satisfactorily complete an approved course within the time required by Regulation 69-50 (VII)(B);
3. Submit to the Continuing Education Administrator a class roster of the producers who satisfactorily complete an approved course within the time required by Regulation 69-50 (VII)(A);
4. Monitor the activities of approved instructors and promptly report any change in the status of the relationship between the instructor and the sponsor;
5. Provide the authorized representative and all instructors with a current copy of Laws and Regulation 69-50 concerning continuing education producers.

Has anyone in your organization ever been the subject of disciplinary action, including suspension, cancellation or revocation by an Insurance Department, Governmental entity or other licensing authority? Yes No If yes, attach a statement providing complete details.

Has anyone in your organization ever been charged by an entity with misappropriation, conversion or withholding of money? Yes No If yes, attach a statement providing complete details.

STATEMENT OF APPLICANT

_____, Authorized Representative’s Signature
 I do solemnly swear that the information and answers contained in this application are complete, true and correct to the best of my knowledge.

SECTION III.

THE DEPARTMENT’S USE ONLY

Approved Approval Sponsor Number _____
 Not Approved (Explanation: _____)