

South Carolina Department of Insurance



Producer Appointment Renewal
Instructions and Demonstration

Home



Click on Online Services

CONSUMERS AGENTS, ADJUSTERS & BROKERS INSURERS CAPTIVES ABOUT US HOW DO I...?

Southeastern Regulators Association Conference

Save the Date:
April 29–May 1, 2015
Charleston Harbor Resort & Marina
Charleston, South Carolina

[More information to come](#)

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Latest News

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- [Bulletin 2014-09](#): Notice of Tentative Credit Property Insurance Rates and Opportunity to Request a Hearing
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Renters insurance may help college students
http://insurancenewsnet.com/oarticle/2014/08/27/renters-insurance-may-help-college-students-a-548334.html#_U_82JfdWL2

Online Services

Registered Company Users

- Update Company Demographics
- Update Supplementary Address
- ***Apply for Producer Licenses
- ***Pay for Producer Licenses
- *****2014 Appointment Renewals**
- ***Company User Account Maintenance
- Change Password
- Appoint Surety Bondsman
- Update Secret Questions
- File/Amend Annual Tax Return
- Emergency Adjuster Appointment & Disaster Insurance Adjuster Reentry Permit
- RePrint ReEntry Permits
- Sample Rates Submission
- Self Service Storage

2014 Producer Appointment Renewals

- 2014 Producer Appointment Renewal

**Click on 2014
Appointment Renewals**

SCDOI Connect Login Page

Login [SCDOI Connect Login](#)

Account Type:

*UserId: ?

*Password: ?

* Required Fields

[Change Password](#) [Forgot Password?](#)

If you need additional assistance, please contact IRMmail@doi.sc.gov

Select "Company" from the drop box below

Enter the company user ID and Password and click "Login"

SCDOI Welcome Page

Login Successful [Back to Main Menu](#) [Logout](#)

Welcome User INDEP17408

You have successfully logged into the South Carolina Department of Insurance web application! Menu items available only to registered users are now accessible in your menu bar.

Please remember that your password is CONFIDENTIAL and should not be shared with anyone to prevent misuse. The Department holds all registered users responsible for their own user accounts and any data modifications made via those accounts.

What would you like to do now?

- Update Company Demographics
- Update Supplementary Addresses
- **Renew Appointed Producers**
- User Account Maintenance
- Change Password
- Update Secret Questions
- Apply for Producer Licenses
- Pay for Producer Licenses
- Appoint Surety Bondsman

Select "Renew Appointed Producers"

Terms of Use Page

Producer Renewal - Terms of Use

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Use Agreement

THIS IS A LEGAL AGREEMENT BETWEEN YOU ("USER") AND THE STATE OF SOUTH CAROLINA DEPARTMENT OF INSURANCE (referred to as "SCDOI" herein). BY CLICKING ON THE AGREE BUTTON OR USING THE SERVICES PROVIDED HEREIN, USER IS CONSENTING TO BE BOUND BY AND IS BECOMING A PARTY TO ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT. PLEASE READ THIS ENTIRE AGREEMENT CAREFULLY BEFORE ACCEPTING ITS TERMS.

I. Description of Services

The State of South Carolina Department of Insurance allows for the electronic renewal of producer appointments via SCDOI CONNECT and allows USER to pay renewal fees to SCDOI via electronic check. SCDOI CONNECT is for personal and non-commercial use only. Please note that those producers who failed to comply with South Carolina continuing education requirements are not reflected on the renewal invoice and cancellation list. These individuals will be automatically cancelled on November 1st (even-numbered years).

VII. Other

This agreement shall be governed by and construed in accordance with the laws of the STATE OF SOUTH CAROLINA, without giving effect to any principles of conflicts of law. If any provision of this agreement shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions. This is the entire agreement between the parties relating to the subject matter herein and shall not be modified except in writing, signed by both parties.

I Agree

After reading the Terms of use, click "I Agree"

Renew Appointed Producers Page



You cannot renew the appointment of a producer who has an outdated mailing address. You have 2 producer(s) with outdated mailing address(es) on your renewal list. These producers have been marked for cancellation. You will be able to renew these producer appointment(s) if they update their mailing address before you complete the renewal.



You cannot renew the appointment of a producer who has a Lapsed License and Appointment. You have 147 producer(s) which have a Lapsed License and appointment on your renewal list. The fees for these producers are not included in the total fees due. You will be able to renew these producer appointment(s) if their License is reinstated before you complete the renewal. Appointments that are Lapsed when the appointment renewal is completed will be cancelled.

	Before Cancellations		Fees	After Cancellations	
General Producers:	1	\$100.00	\$100.00	1	\$100.00
Special Producers:	0	\$0.00	\$100.00	0	\$0.00
Local Producers:	908	\$36,320.00	\$40.00	906	\$36,240.00
Travel Baggage Producers:	0	\$0.00	\$20.00	0	\$0.00
Late Payment Fees Due:					\$226,750.00
Total Fees Due:					\$263,090.00

View/Cancel Producers

Click the "View/Cancel Producers" button to view the producer list and/or cancel producer appointments.

Please pay attention if there is a warning

View/Cancel Producers

Export to Excel **Export Producer list to Excel**

Cancel Save Save & Close **Cancel All Producer Appointments**

Display 25 Records Per Page

Individual Number	Name	SC Resident	Appointment Type	Authorities	<input type="checkbox"/> Cancel
218795	PUSATERI, Mr JAMES B	Yes	Local	19 - Life - Exam Passed 21 - Accident/Health - Exam Passed	<input type="checkbox"/>
360546	WEIRICK, LYNN M	Yes	Local	19 - Life - Exam Passed 21 - Accident/Health - Exam Passed	<input type="checkbox"/>

Cancel Save Save & Close

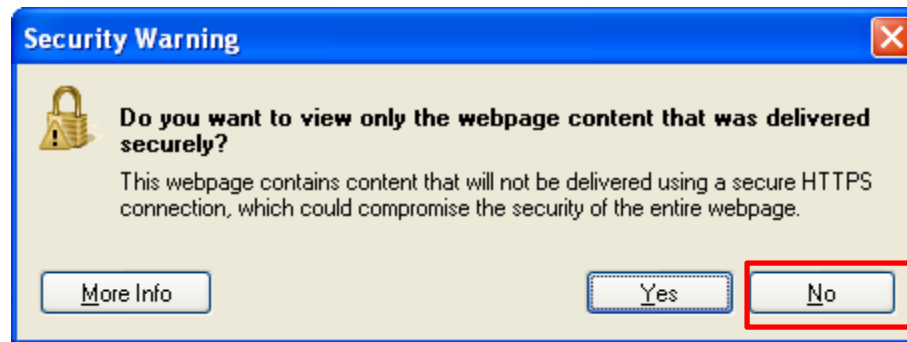
Mark ALL producer appointments for Cancellation

A warning message will appear next to a Producer with an out of date address or a Producer whose Appointment is lapsed.

A user may periodically save changes by clicking "Save" button.

When all cancellations have been checked, click on the "Save and Close" button.

Security Warning?



If you receive this Security Warning, please select the
"NO" button to proceed.

Update Company Contact

Company Address

Address Type: Agent Renewal

Primary Address:

*Address:

*City:

*State: ▼

County:

*Zip Code: (##### or #####-####)

*Country: ▼

Contact Information

Mr/Mrs/Ms/Miss:

*First Name: Middle Initial:

*Last Name: Jr/Sr/etc:

Job Title:

Department:

*Phone Number: (###-###-####)

Extension:

Fax Number: (###-###-####)

*Email Address:

Toll Free Number: (###-###-####)

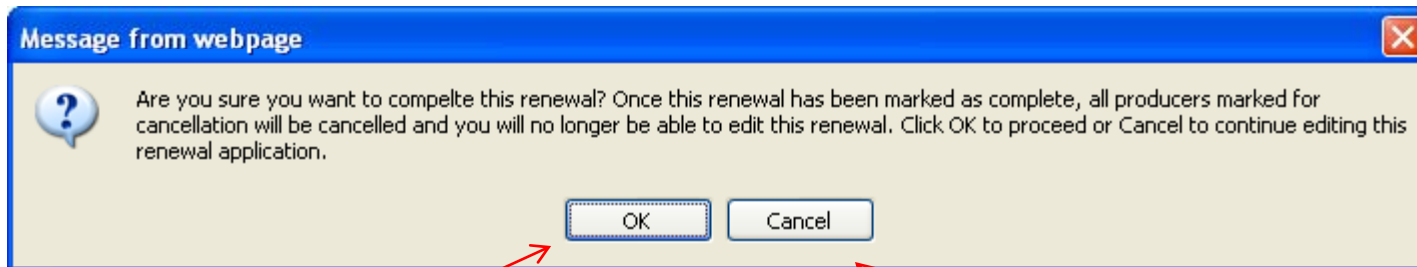
The Complete button has been disabled because you have not yet reviewed the list of you producer appointments. You will not be able to complete this renewal unless you click View/Cancel Producer button and review your list of producer appointments.

**Update the Company Contact information
(if applicable) and hit the "Save" Tab**

Click the "Complete" button if all the changes to the renewal are complete.

Changes cannot be made once the renewal is marked "complete".

Complete the Renewal Process



If you are sure the Renewal is complete click "Ok"

If changes need to be made to the renewal, click Cancel to go back to the previous page.

View/Print Appointment Renewal Invoice

If paying by paper check, this invoice for renewal must be signed and returned with the total fees due below by 9/30/2010. If this invoice and renewal payment is not received by 9/30/2010, the Insurer's appointment(s) will be automatically cancelled.
If paying by electronic check (EFT/ACH) or Credit Card, please read the APPOINTING OFFICER'S SWORN STATEMENT, check the "I Agree" checkbox and proceed to payment.

NAME AND MAILING ADDRESS OF SPONSORING INSURER	
INDEPENDENCE AMERICAN INSURANCE COMPANY 42231 hsfgsf sfgsf, ND 74589	
INSURER CODE	LINES OF AUTHORITY HELD BY INSURER
148292	21-Accident/Health, 23-Casualty
TOTAL LICENSE FEES DUE	
General Producers: <u>0</u> at \$100.00	= <u>\$0.00</u>
Special Producers: <u>0</u> at \$100.00	= <u>\$0.00</u>
Local Producers: <u>10</u> at \$40.00	= <u>\$400.00</u>
Tvl/Acc/Bag Producers: <u>0</u> at \$20.00	= <u>\$0.00</u>
Total Fees Due:	<u>\$400.00</u>

This is the Company invoice. If mailing in a paper check, it must be signed and returned with the payment.

View/Print Appointment Renewal Invoice (continue)

APPOINTING OFFICER'S SWORN STATEMENT	
<p>I hereby certify under the penalty of perjury that our Producer(s) are competent, trustworthy, and qualified to be licensed in the State of South Carolina I further certify that I have reviewed the company appointment list and warrant that the producers listed are appointed for the lines indicated. My company will keep on file this list of appointed producer(s) and make it available at any time upon request of the Department of Insurance.</p>	
SIGNATURE OF AUTHORIZED APPOINTING OFFICER	
<input type="checkbox"/> I Agree	
Proceed To Payment	
INDEX FOR LINES OF AUTHORITY HELD BY PRODUCER	

If paying by ACH or Credit Card read the "Appointing Officer's Sworn Payment" and hit "I Agree" and proceed to payment.


Select Payment Method

Select Payment Method [Back to Main Menu](#) [Logout](#)

Total Amount Due

Paying by Electronic Check:	\$37,360.00
Paying by Credit Card:	\$37,996.12 (\$635.12 processing fee + \$1.00 portal fee)

Please select your Payment Method.



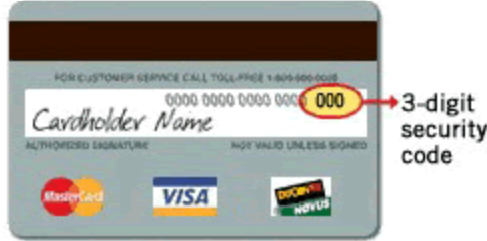
- Credit Card
- Electronic Check**

Please note, when paying with credit card there will be a 1.70% processing fee added to your total amount plus \$1 portal fee.

Select your desired Method of Payment from the drop box.

Credit Card Payment Method

Please enter your Credit Card information in the fields provided below. When finished, click the Submit button ONCE to submit your payment.



Transaction Amount: \$407.80

*Card Type:

*Name on Credit Card:

*Credit Card Number: (No Spaces)

*Expiration Date: /

*Card Security ID:

Enter your credit card information in the fields below.

Credit Card Payment Method (continue)

Credit Card Billing Address

*Address:

*City:

*State:

*Zip Codes:

Credit Card Contact

*Contact Name:

*Daytime Phone:

Email Address:

*Required Fields

Enter the Credit Card Billing and contact information in the fields provided, then click "submit".

Credit Card Payment Method (continue)

After clicking the "Authorize" button, do not close your browser until you receive confirmation that your payment has been processed. In the rare event that you do not receive confirmation, please contact the Department of Insurance at 803-737-6095.

Amount: \$407.80
Name on Credit Card: Jane Doe
Credit Card Type: Visa
Credit Card Number: 4111111111111111
Security Number: 541
Expiration Date: 09/10
Daytime Phone: 854-965-4485

Address: 123 Jane Doe

City: adfadf
State: SC
Zip Code: 15263
Daytime Phone: 854-965-4485

By clicking "Authorize", I authorize the South Carolina Department of Insurance to debit the Transaction Amount shown above from the credit card identified.

After clicking "Authorize" Do **NOT** close your browser until you receive confirmation that your payment was processed.

Credit Card Payment Method (continue)

Please wait while we process your payment...

Payment processing may take up to 5 minutes and 30 seconds. We request you to be patient.

Please do not use your browser's "Stop" or "Back" buttons while the payment is being processed.

 5:29

Payment may take up to five minutes to process. Please wait while payment process!

Confirmation and Receipt

Confirmation and Receipt [Back to Main Menu](#) [Logout](#)

[← Back To Main Menu](#) [Logout](#)

This page is your receipt for your producer renewal payment. You should print this page via the "Printer Friendly" option, and retain a copy for your records.

Company: COURTESY INSURANCE COMPANY
SC Company Code: 100314
Receipt Number: 126014-1
Amount Paid: \$80.00
Date Received: 09/01/2010

Print confirmation and receipt
for your records.

Electronic Check Payment Method

J. L. Webb
123 Main Street
Anytown, USA 12345

DATE _____ 1175

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

MEMO _____

⑆ 123456789 ⑆ 1234567890123 ⑆ 1175

Bank Routing Number **Bank Account Number**

Transaction Amount: \$1,700.00

*Account Type: Checking

*Routing Number:

*Re-Type Routing Number:

*Check Account Number: (NOT your ATM, Debit, or Credit Card Number)

* Re-Type Check Account Number:

*Daytime Phone: (###-###-####)

*Required Fields

Enter all of the necessary Check information and click "submit".

Electronic Check Payment Method (continue)

Please carefully review the following information. If it is correct, click the "Authorize" button ONCE to authorize your payment. If it is not correct, choose the "Change" button to return to the payment information.

After clicking the "Authorize" button, do not close your browser until you receive confirmation that your payment has been processed. In the rare event that you do not receive confirmation, please contact the Department of Insurance at 803-737-6193.

Account Type: Checking
Bank Routing Number: 111111111
Account Number: 111111111111111111
Amount: \$80.00
Daytime Phone: 986-658-9636

By clicking "Authorize", I authorize the South Carolina Department of Insurance to debit the Transaction Amount shown above from the bank account identified.

Authorize Change

Review Bank Account information and click "Authorize" to submit payment

Confirmation and Receipt

Confirmation and Receipt [Back to Main Menu](#) [Logout](#)

[← Back To Main Menu](#) [Logout](#)

This page is your receipt for your producer renewal payment. You should print this page via the "Printer Friendly" option, and retain a copy for your records.

Company: COURTESY INSURANCE COMPANY
SC Company Code: 100314
Receipt Number: 126014-1
Amount Paid: \$80.00
Date Received: 09/01/2010

Print confirmation and receipt
for your records.