



South Carolina Department of Insurance

Capitol Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

HENRY McMASTER

Governor

RAYMOND G. FARMER

Director

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6095

Bondsman Initial Application Additional Questions

Full Name _____

License Number (NPN) _____

1. Do you now hold a valid bail bond license of any type? *If yes, please check and complete the following:*

- Professional Bondsman trading as _____
- Surety Bondsman name of insurance company _____
- Bail Bond Runner employed by _____

2. Have you ever applied for or received a professional bail bondsman, bail bond runner, or surety bondsman license? *If yes, please check and complete the following:*

- Professional Bondsman trading as _____
Dates License Held: _____
- Surety Bondsman name of insurance company _____
Dates License Held: _____
- Bail Bond Runner employed by _____
Dates License Held: _____

3. Have you ever had a license denied, suspended, revoked, or non-renewed by this or any other insurance department or have you ever voluntarily surrendered a license? *If yes, please attach details.*

4. Are you or your spouse a sheriff, deputy sheriff, other law enforcement officer, judicial official, attorney, parole officer, probation officer, jailer, assistant jailer, employee of the general court of justice or other public employee assigned to duties relating to the administration of criminal justice, have power of arrest or have anything to do with Federal, State, County or Municipal prisoners? *If yes, clearly specify in attachment.*

Note: No other affidavits will be accepted. You must sign or electronically sign the initial/renewal application and forms provided by the SC DOI.



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5. Have you lived outside the State of South Carolina since the age of 18? *If yes, on a separate page, list the other states and/or countries outside South Carolina that you have lived and the dates of residence.*

6. Do you individually and/or jointly have any civil judgments outstanding against you as of the date of this application? *If yes, attach a copy of each judgment to include name, date, amount, county, and file number.*

7. Are you under court order to pay child support? *If yes, attach court order and any additional details.*

8. Are you currently delinquent in paying child support? *If yes, provide arrangement agreement and any additional details regarding arrearage.*

9. Are you currently a party to, or have you been found liable in, any lawsuit or arbitration proceeding(s) involving allegations of fraud, misappropriation or conversion of funds, embezzlement, misrepresentation or breach of fiduciary duty? *If yes, attach (a) a written statement summarizing the details of each incident, (b) a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration, and (c) a copy of the official document which demonstrates the resolution of the charges or any final judgments.*

10. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? *Only include bankruptcies that involve funds held on behalf of others.*

11. Have you completed pre-licensing class for bail bondsman in South Carolina? *If yes, attach the Certificate of Completion.*

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I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information and omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

I further certify that I grant permission to the Director of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state, or local government agency, current or former employer, or insurance company.

I further certify that, under penalty of perjury, either (a) I have no child-support obligation, or (b) I have a child support obligation and I am currently in compliance with that obligation.

I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state, or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

I acknowledge that I am familiar with the bail bond laws and regulations governing bail bonding in South Carolina and will comply with the requirements set forth herein.

Signature of Applicant

Full Legal Name (Print or Type)

Month Day Year