



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 Renewal Application Additional Questions

Full Name _____

License Number (NPN) _____

Renewal Year _____

Check which license(s) you are renewing.

Surety Bondsman

- Is your producer license active?

- What is the name of the bonding company you are working for what insurance company are you appointed through? *Attach additional page(s) if needed.*

- Are you responsible for any runner bondsmen? *If yes, please attach a separate page with their information.*

Professional Bondsman

- Did you send in your annual financial statement?

- What is the name of the bonding company you are working for?

- Are you responsible for any runner bondsmen? *If yes, please attach a separate page with their information.*

Runner Bondsman

- Which bondsman supervises your license?

(continued on next page)

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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I certify that I am familiar with the provisions of Title 38, Chapter 53 of the South Carolina Code of Laws and will comply with the requirements set forth therein.

I certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this application is grounds for license revocation and may subject me to civil or criminal penalties.

Signature of Applicant

Full Legal Name (Print or Type)

Month Day Year

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