



South Carolina Department of Insurance

Henry McMaster
Governor

Raymond G Farmer
Director

Professional Bondsman Montly Bond Report

Name: _____ Business Telephone: _____

Business Address: _____

Email Address: _____

County of Primary Place of Business: _____

I am registered with the clerk of court in the following counties (check all that apply):

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Aiken | <input type="checkbox"/> Allendale | <input type="checkbox"/> Anderson | <input type="checkbox"/> Bamberg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Beaufort | <input type="checkbox"/> Berkeley | <input type="checkbox"/> Calhoun | <input type="checkbox"/> Charleston |
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Chester | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Colleton |
| <input type="checkbox"/> Darlington | <input type="checkbox"/> Dillon | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Fairfield |
| <input type="checkbox"/> Florence | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Greenville | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Hampton |
| <input type="checkbox"/> Horry | <input type="checkbox"/> Jasper | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Lauren |
| <input type="checkbox"/> Lee | <input type="checkbox"/> Lexington | <input type="checkbox"/> Marion | <input type="checkbox"/> Marlboro | <input type="checkbox"/> McCormick |
| <input type="checkbox"/> Newberry | <input type="checkbox"/> Oconee | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Pickens | <input type="checkbox"/> Richland |
| <input type="checkbox"/> Saluda | <input type="checkbox"/> Spartanburg | <input type="checkbox"/> Sumter | <input type="checkbox"/> Union | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> York | | | | |

Affidavit

I, _____, (_____) being first duly sworn, state that this report is a
Name License Number

complete, true and correct statement of my activities as a professional bondsman for the past thirty day period and accurately reflects all bonds written by me. This report is being submitted in accordance with South Carolina Code Law 38-53-310.

I understand that any false, incomplete, or deceptive representation herein constitutes good and sufficient cause for revocation of my bondsman license and any other license(s) issued by the South Carolina Department of Insurance.

I authorize any person to disclose to the South Carolina Department of Insurance any information regarding bail bonds written by me and collateral accepted by me.

I warrant that my security deposit is sufficient to cover all bonds written (magistrate, municipal, state, and federal courts) by me - and that any collateral I have posted as security is not encumbered.

Subscribed and sworn to me this _____	(Day)
day of _____	_____
(Month)	(Year)
(Notary Public Signature)	
My commission expires _____	

Summary	
1. Total Security Deposit with Home Clerk (max amount per bond (50% of item 1))	\$ _____
2. Total Max Limit Available (Four times item 1)	\$ _____
3. Total Amount of all Pending Bonds	\$ _____
4. Total Amount of all Pending Bonds Divided by Four	\$ _____
5. Total Number of New Bonds Written Since the last Monthly Report	_____



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Professional Bondsman Montly Bond Report

Name: _____ Business Telephone: _____

Business Address: _____

Email Address: _____

County: _____

This report must be furnished to the Clerk of Court of the Professional Bondsman's primary place of business and any other county where the bondsman is doing business.

Full Name of Person for Whom Such Professional Bondsman Posted Surety	The Date and Amount of Bond Posted by Professional Bondsman		Name & Location of Court in Which Bond was Posted	Fee Charged for Each Bond	Collateral / Security received from Principal or Persons Acting on Behalf of Such Principal on Each Bond	Warrant Number for Each Bond Posted
	Date	Amount				
Totals for this Page		\$		\$		

Total Bond Amount Written This Month _____ Total Fees Charged This Month _____