



Appointment/Termination Form

Name of Company _____

Name of Authorized Submitter _____

Company Contact Telephone Number _____

Appoint _____ Terminate _____ (Mark Column C if the termination is for Cause)

Table with 8 columns: SC National Producer Number, Producer Name, Appointment Type (Local, General, Travel Baggage), Line(s) of Authority*, NAIC code, Effective Date, C, O.

*Line of Authority

- 19-Life, 20-Variable Contracts, 21-Accident & Health, 22-Property, 23-Casualty, 24-Surety, 26-Title, 27-Personal Lines, 29-Pre-Need, 35-Credit, 36-Auto Physical Damage, 37-Crop Hail, 38-Auto Liability, 40-Travel Accident & Baggage

ENTRIES ON THIS FORM MUST BE EITHER ALL APPOINTMENTS OR ALL TERMINATIONS

Termination reason: In accordance with South Carolina law, the Department must be notified within 30 days following the effective date a producer is terminated. Mark column "C" when termination for "CAUSE" and provide supporting documentation outlining the exact reason for termination. Records furnished to the Department are not for public inspection (Section 38-43-55). Mark column "O" for "OTHER" terminations. If the "O" category is checked, no supporting documentation is required.

Appointment: I hereby certify that I have duly investigated the character and record of the applicant(s) listed above and am satisfied they are competent, trustworthy and qualified to be insurance producer(s) under South Carolina law.

SWORN to and before me this

_____ day of _____

(Signature of Authorized Appointing Officer)

Notary Public _____

Print or Type Name _____

