



South Carolina Department of Insurance
1201 Main Street, Suite 1000
Columbia, SC 29201

Specialty Licensing
P.O. Box 100105
Columbia, SC 29202
Telephone: (803) 737-3787
Fax: (803) 737-1605
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Premium Service Company Initial Application Additional Questionnaire Form

Please complete the information below in addition to the NIPR Uniform Application and email to the address above.

Section 1: Applicant Demographic Information:

Name of Premium Service Company:	
Name and Title of Business Contact: (Must be Officer/Director for the Premium Service Company)	Business Contact Direct Telephone and Email: (Must be for the Premium Service Company)
Name and Title of Primary Contact: (Must be different from the above)	Primary Contact Direct Telephone and Email: (Must be different from the above)

Applicant's Agent for Service of Process in South Carolina:

Name:	Title:
Direct Telephone:	Contact Email:
Mailing Address:	

Consumer Complaints and Other Compliance Matters Contact Information:

Note: The SCDOI will contact this person regarding consumer complaints and other compliance matters.

Name:	Title:
Direct Telephone:	Contact Email:
Mailing Address:	



Section 2: Business Organization

1. What entities or individuals own at least ten (10) percent of applicant's capital stock? (Attach additional page if more space is needed.)

Name	Address	Shares	Ownership	Per Value/Share	Dividend Calculated

2. What business, other than insurance premium financing, will be conducted by the applicant?

3. Address where Applicant's business will be conducted within the state.

4. Address where books and records are located*:

 (*Please notify us within 10 days if the location of books and records changes.)

5. If applicant is foreign, a sole proprietor or corporation, list address of principal place of business:

6. Applicant was previously licensed as a Service Contract Provider in South Carolina. If applicable, provide the previous license number and the date license ended.	<input type="checkbox"/> True <input type="checkbox"/> False License #: _____ Date License Ended: _____
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7. If previously licensed in South Carolina, please provide a statement signed by an Officer/Director and notarized advising if the company has conducted business as a Premium Service Company from the date its license in South Carolina ended through the date of this application.

8. Provide a copy of the Certificate of Authority/ Certificate of Existence (Certificate of Good Standing) from the South Carolina Secretary of State. (<https://sos.sc.gov>)

10. Provide a Biographical Affidavit for each controlling person of the Premium Service Company applying for licensure. Note: [NAIC Biographical Affidavit Form](#) is available on our [website](#).

Section 3: Financial Requirements

Pursuant to S.C. Code Ann. §38-39-30 (4), a Premium Service Company must have on deposit with the department a surety bond of fifty thousand dollars or have proven financial responsibility by depositing with the department acceptable securities of fifty thousand dollars.

Select and attach the financial requirement the business entity will provide:

Surety Bond Deposit of Securities

Attach financial statements or annual reports for the previous year and any other documents that the director or his designee may require to prove financial stability.

Section 4: Questions

Pursuant to S.C. Code Ann. §38-39-20 (C), the person to whom the license is issued shall file sworn answers, subject to the penalties of perjury, to any interrogatories the director or his designee may require.

Answer Yes or No

Has the applicant, any partner, director, officer, office manager, field representative or stockholder owning ten (10) percent or more of applicant's outstanding capital stock ever:

a. Received a rejection or suspension of license, been convicted or entered a plea of guilty or nolo contendere, with respect to any laws or regulation relating to the business of insurance? YES NO

b. Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship, or conservatorship? YES NO

c. Previously applied in this State for a license to engage in the business of insurance premium financing? YES NO

d. Hold a license to engage in business of insurance premium financing or any similar related business in any state, district or territory of the United States? YES NO

e. Directly or indirectly under common ownership, control, or management or otherwise affiliated or associated with any insurer, or any person, firm, or corporation having or exercising control of an insurer? YES NO



Section 5. Attestation

I certify that I will comply with all applicable provisions of Title 38, Chapters 39 of the South Carolina Code of Laws. I certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this form may result in the revocation of the license or imposition of administrative penalties for the Applicant under which this form is required.

Print Name of Officer and/or Authorized Representative:	
<p>Subscribed and sworn to me before this _____ day of _____, 20____.</p> <p>Notary Signature: _____</p> <p>My Commission Expires: _____</p> <p>County of _____</p> <p>State of _____</p> <p>(Notary Seal Affixed Here)</p>	

