



South Carolina Premium Service Company Surety Bond

STATE OF \_\_\_\_\_

Bond Number \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS that \_\_\_\_\_
(PRINTED NAME OF SIGNATORY FOR PREMIUM SERVICE COMPANY)
as \_\_\_\_\_ of \_\_\_\_\_ and
(TITLE OF SIGNATORY FOR PREMIUM SERVICE COMPANY) (LEGAL NAME OF PREMIUM SERVICE COMPANY)
\_\_\_\_\_, as \_\_\_\_\_ for Surety of
(PRINTED NAME OF SURETY AGENT) (SURETY AGENT TITLE)
\_\_\_\_\_ are held and firmly bound unto the State of
(PRINTED NAME OF SURETY)

South Carolina in the sum of \_\_\_\_\_
(\$\_\_\_\_\_,\_\_\_\_\_.\_\_\_\_\_) Dollars, to the payment of which, well and truly to be made, we
bond ourselves jointly and severally, to include our heirs, executors, administrators,
successors and assigns firmly by these presents.

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

THE condition of this bond is such that if the said principal shall well and truly do and
perform in accordance with all the provisions and requirements of Chapter 39 of Title 38,
1976 Code Laws of South Carolina, providing for the licensing and regulation of Insurance
Premium Service Companies, this bond shall be void and of no effect, other the same shall
be of full force and effect.

PROVIDED, however, that the surety's liability, as to the future only, may be terminated
hereunder:

- (a) by notice in writing by the surety to the Director of Insurance of the State of South
Carolina stating when, not less than forty (40) days thereafter, the surety's future
liability shall terminate, and upon written authorization from the Director of
Insurance of the State of South Carolina to said surety; or
(b) upon written authorization from the Director of Insurance of South Carolina to said
surety.

IN WITNESS whereof, Premium Service Company, and Surety have executed and
sealed this bond in the manner and form following:

As \_\_\_\_\_ of \_\_\_\_\_, I am
(Title of Premium Service Company Signer) (Premium Service Company Legal Name)



authorized to sign this bond. I have attached an official copy of the bond and power of attorney to this form.

\_\_\_\_\_  
SCDOI License Number of Premium Service Company

\_\_\_\_\_  
Signature of Principal, Executive Officer,  
or Owner of Premium Service Company

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Title or Position of Signatory

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_ .

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

State of \_\_\_\_\_

County of \_\_\_\_\_

My commission expires \_\_\_\_\_

(affix notary seal in space above)



As \_\_\_\_\_ of \_\_\_\_\_, I am  
(Title of Surety Signer) (Surety Legal Name)

authorized to sign this bond. I hereby confirm that the Surety Company is licensed to operate in South Carolina.

\_\_\_\_\_  
SBS Number for Surety

\_\_\_\_\_  
Signature of Surety Bond Authorized Representative

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Title or Position of Signatory

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

State of \_\_\_\_\_

County of \_\_\_\_\_

My commission expires \_\_\_\_\_

(affix notary seal in space above)

*(Attach an official copy of the bond and power of attorney)*

