



PBM License Surrender Form

Name: License Number:

Reason for Surrender of License:

Date Effective:

- No business entity who is currently under investigation by the Department of Insurance may voluntarily surrender its license.
A voluntary surrender will be effective immediately up receipt of this surrender request, unless otherwise specified.

I hereby certify that I understand the requirements of this surrender. I also certify there are no outstanding liabilities pending against this licensee in the state of South Carolina.

Signature: Date:

Printed Name: Title:

Notary:

State of County of

I hereby certify that appeared before me on this day of, 20, and signed this form in my presence.

(Notary Public)



(Seal)

