



South Carolina Department of Insurance  
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**South Carolina Third Party Administrator (TPA)**

**Surety Bond Number** \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS that \_\_\_\_\_  
(PRINTED NAME OF SIGNATORY FOR TPA)

as \_\_\_\_\_ of \_\_\_\_\_ and  
(TITLE OF SIGNATORY FOR TPA) (LEGAL NAME OF TPA)

\_\_\_\_\_, 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 \_\_\_\_\_

Sealed by our hands and dated at \_\_\_\_\_ this \_\_\_\_\_ day of  
\_\_\_\_\_ in the year of our Lord two thousand and \_\_\_\_\_.

WHEREAS, Section 38-51-30 of the Code of Laws of South Carolina (2018), as  
amended, require an insurance administrator, before being licensed to do  
business in this State, to file an approved bond in the amount of  
\_\_\_\_\_ Dollars;

AND WHEREAS, \_\_\_\_\_ desires to be licensed  
as an insurance administrator in accordance with the laws of this State, and



desires to file such a bond in the sum of \_\_\_\_\_ (\$\_\_\_\_\_,\_\_\_\_\_.\_\_\_\_) Dollars does by this instrument furnish and file such bond.

THE condition of the above bond is such that the surety bond represents ten (10) percent of the total premiums handled or managed in South Carolina. The amount of the surety bond for renewal applications must not be less than seventy-five thousand dollars and may not exceed five hundred thousand dollars.

NOW the condition of the above bond is such that if the above bound Principal shall pay any person who shall sustain loss as a result of (a) the Principal's violation of or failure to comply with the requirements of Act 133 of 1985, as amended, (b) the Principal's failure to properly transmit any payment received for transmission to an insurer, or other person, (c) the Principal's misapplication or misappropriation of funds received by it, or (d) any act of fraud or dishonesty committed by the Principal in connection with the administration of an insurance benefit plan, then the above bond to be void and of none effect; or else to remain of full force and virtue.

It is understood and agreed that in no event shall the aggregate liability of the Surety under this bond for any and all payments due to one or more claimants exceed the penal sum of this bond regardless of the number of years the bond shall remain in effect.

Surety's liability hereunder, as to the future only, may be terminated:

- (a) By notice in writing by the surety to the Director of Insurance of the State of South Carolina stating when, not less than thirty (30) 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 Surety.



IN WITNESS whereof, Third-party Administrator and Surety have executed and sealed this bond in the manner and form following:

As \_\_\_\_\_ of \_\_\_\_\_, I am  
(Title of TPA Signer) (TPA 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 TPA

\_\_\_\_\_  
Signature of Principal, Executive Officer, or Owner of TPA

\_\_\_\_\_  
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.

\_\_\_\_\_  
SCDOI License 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)***