



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

Office of PBM Oversight & Specialty Licensing
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Insurance Administrator (TPA) Initial Application Additional Questionnaire Form

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

Section 1. Applicant Demographic Information

Name of Third-Party Administrator:	
Name and Title of Business Contact: (Must be Officer/Director for the TPA)	Business Contact Direct Telephone and Email: (*Must be for the TPA, not the Compliance 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

Are you authorized to transact business in South Carolina? Attach a Certificate of Authority or Certificate of Existence from the SC Secretary of State. The Certificate must be for the current year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate the type(s) of services the administrator will provide: <input type="checkbox"/> Premium Collection <input type="checkbox"/> Claims Payable <input type="checkbox"/> Underwriting <input type="checkbox"/> Advertisement <input type="checkbox"/> Pharmacy Benefits <input type="checkbox"/> Software Provider <input type="checkbox"/> Utilization Review <input type="checkbox"/> Other (please specify): _____ _____		
Attach a list of officers/directors/owners and a Biographical Affidavit for each. *Note: NAIC Biographical Affidavit Form is available on our website .		
Attach a copy of annual financial statements or reports for the preceding two years , and any other documents that the director or his designee may require to provide financial stability.		

Section 3. Financial Requirements

Pursuant to §38-51-30, Every administrator shall file and maintain with the department a surety bond in favor of the state, executed by a surety company authorized to transact business in this State. In lieu of a Bond, a Certificate of Deposit, Letter of Credit, or Corporate Guaranty may be submitted for approval.

Select an option below:

Surety Bond Certificate of Deposit Letter of Credit Corporate Guaranty

Section 4. Questions

§38-51-20 Before granting any license, the director or his designee must be satisfied that the administrator is competent, trustworthy, financially responsible, has a good personal and business reputation, has not had an insurance license revoked, suspended, or denied in any jurisdiction within the preceding five years, and has not been convicted of a crime involving fraud, dishonesty, or moral turpitude in any jurisdiction. For purposes of this section, "convicted" includes a plea of guilty or a plea of nolo contendere.

Answer True or False. Applicant Hereby Certifies That:

a. The applicant has not had a previous application for an insurance license denied for cause within the past five (5) years.	<input type="checkbox"/> True	<input type="checkbox"/> False
b. The applicant has not had any professional, vocational, or business license denied, suspended, revoked, or restricted by any public authority in this or any other state, nor has such license been subjected to a monetary fine by any public authority or been withdrawn or surrendered to avoid disciplinary action.	<input type="checkbox"/> True	<input type="checkbox"/> False
c. The applicant has not had any judgment rendered against it in any court or any jurisdiction of the United States for its activities relating to the transaction of business as an administrator.	<input type="checkbox"/> True	<input type="checkbox"/> False
d. The applicant has not been declared insolvent or discharged from bankruptcy within the past five (5) years.	<input type="checkbox"/> True	<input type="checkbox"/> False
e. Neither the applicant nor any of its officers, directors, or managers have been convicted of, or pleaded guilty or nolo contendere to a change of crime involving fraud, dishonesty, or moral turpitude in any jurisdiction.	<input type="checkbox"/> True	<input type="checkbox"/> False



f. The applicant shall not act as an administrator without agreement(s) between the administrator and the insurer, and such written agreement(s) shall be retained as part of the official records of the administrator for the duration of the policy and five years thereafter.	<input type="checkbox"/> True <input type="checkbox"/> False
g. Such written agreement(s) contain provisions which include the requirements of Sections 4 through 9 of Act No. 133 of 1985 and §38-51-30 , except insofar as those requirements do not apply to the functions performed by the administrator.	<input type="checkbox"/> True <input type="checkbox"/> False
h. Where a policy is issued to a trustee or trustees, a copy of the trust agreement and any amendments thereto shall be furnished to the administrators and shall be retained as part of the official records of the administrator for the duration of the policy and five years thereafter.	<input type="checkbox"/> True <input type="checkbox"/> False
i. The agreement(s) between the administrator and insurer shall make provision with respect to underwriting or other standards pertaining to the business underwritten by such insurer.	<input type="checkbox"/> True <input type="checkbox"/> False
j. Whenever an insurer utilizes the services of the administrator under the terms of the written agreement as required above, the payment to the administrator of any premiums or charges for insurance by or on behalf of the insured shall be deemed to have been received by the insurer, and the payment of return premiums or claims any the insurer to administrator shall not be deemed payment to the insured or claimant until such payments are received by the insured or claimant.	<input type="checkbox"/> True <input type="checkbox"/> False
k. Applicant was previously licensed as a Third Party Administrator in South Carolina. If applicable, provide previous license number and date license ended.	<input type="checkbox"/> True <input type="checkbox"/> False License #: _____ Date License ended: _____

Section 4. Attestation

I certify that I will comply with all applicable provisions of Title 38, Chapter 51 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 or Authorized Representative:	Title:
Signature:	Date:

Subscribed and sworn to me before this _____ day of _____, 20_____

Notary Signature _____

My Commission Expires _____

County of _____

State of _____

(Notary Seal Affixed Here)



Please be aware that all correspondence regarding this application will occur via email through our online system. The email address used for this correspondence is sbs@naic.org. We recommend you save this email address to ensure you receive any future system-generated emails. However, **please do not reply to sbs@naic.org, as messages sent to that address will not be received.** All correspondence and documents regarding your license should be sent to specialtylicensing@doi.sc.gov.

