

SOUTH CAROLINA DEPARTMENT OF INSURANCE EDUCATION SERVICES DIVISION P. O. BOX 100105, COLUMBIA, SC 29202-3105 APPLICATION FOR CONTINUING EDUCATION SPONSOR APPROVAL

SECTION I.

SECTION I.	
Name of Sponsor:	
Address:	
City:	State ZIP
Telephone No.:	Sponsor's FEIN No.:
Email Address:	Web Address:
Sponsor Type of Business	
Insurance Company (Provide SC Company Code) Institution of Higher Learning
Agent Association	Insurance Trade Association
	ion 69-50(IV)(A): the applicant must provide a letter
explaining type of business and how long the business has been offering insurance courses).	
Name of Sponsor Authorized Representative::	
Address:	
City:	State ZIP
Telephone No.:	Email Address:
OFOTION II	
SECTION II	
To remain qualified as an approval sponsor, the sponsor agrees to comply with all of the following requirements of Regulation 69-50. Failure to comply with any of these requirements may result in a fine of not less than \$1,000, suspension of approval or termination of approval status.	
 Monitor producers' attendance by maintaining accurate attendance records; Issue a Certificate of Approval Course Completion to all producers who satisfactorily complete an approved course within the time required by Regulation 69-50 (VII)(B); Submit to the Continuing Education Administrator a class roster of the producers who satisfactorily complete an approved course within the time required by Regulation 69-50 (VII)(A); Monitor the activities of approved instructors and promptly report any change in the status of the relationship between the instructor and the sponsor; Provide the authorized representative and all instructors with a current copy of Laws and Regulation 69-50 concerning continuing education producers. Has anyone in your organization ever been the subject of disciplinary action, including suspension, cancellation or revocation by an Insurance Department, Governmental entity or other licensing authority? Yes No If yes, attach a statement providing complete details. Has anyone in your organization ever been charged by an entity with misappropriation, conversion or withholding of money? Yes No If yes, attach a statement providing complete details. 	
STATEMENT OF APPLICANT	
AUTHORIZED REPRESENTATIVE'S SIGNATURE	, do solemnly swear that the information and answer contained answers contained in this application are complete, true and correct to the best of my knowledge.
SECTION III.	
FOR INTERNAL USE ONLY	
Approved Approval Sponsor Number	
Not Approved (Explanation:	