South Carolina
Department of Insurance

NIKKI R. HALEY
Governor

1201 Main Street, Suite 1000
Columbia, South Carolina 29201
803-737-6099

Appointment of Surety Bail Bondsman

Name of Licensed Surety Insurer_____

Insurer Mailing Address_____

The above-named surety insurer hereby appoints the following individual as a surety bondsman in the State of South Carolina to execute or countersign bail bonds for such insurer in connection with judicial proceedings:

Name:_____
_____
First Middle Last

Business Entity Name:
_____

Business Telephone: _____ Individual License Number_____

_____ **Owner** _____ **Partner** _____ **Employee**

Principal County where applicant resides: _____

The aforesaid surety insurer hereby certifies that the surety bondsman appointed herein (check one):

- o is currently licensed as a surety insurance agent in South Carolina for said insurer;
- o is not currently licensed as a surety insurance agent in South Carolina for said insurer, but that all materials, forms, and fees necessary to the issuance of a surety insurance agent's license are attached hereto.

The aforesaid surety insurer further certifies that it will give its power of attorney to the bondsman appointed herein to execute or countersign bail bonds for such insurer.

In consideration of the foregoing, the above-named surety insurer requests that the Director of Insurance issue a surety bondsman's license to the individual appointed herein above.

Signed_____

Sworn to before me this _____ day of ,20_____

Type Name:_____

Title:_____

_____

Notary Public for _____

My Commission Expires: _____
Form No. BB1107 (Rev. 1/2017)