SOUTH CAROLIAN DEPARTMENT OF INSURANCE
Education Services Division
P. O. Box 100105, Columbia, SC 29202-3105
APPLICATION FOR BAIL BONDSMAN/RUNNER PRELICENSING INSTRUCTOR APPROVAL

Section I. Please Type

Full Name of Instructor:		
Social Security Number:	Date of Birth:	
Residence Address:		
City:	State:	Zip Code:
Telephone No.:	Email Address:	
Name of Approved Sponsor:		Sponsor No.:
Sponsor's Authorized Representative:		
Address:		
City:	State:	Zip Code:
Telephone No.:	Email Address:	
Approval Requested to Instruct Courses in: _____ Bail Bondsman/Runner Prelicensing Education		

Section II: If all required material is not submitted and/or if the application is not properly completed. It will be returned to the sponsor and the filing fee will be forfeited.

Attached to this application for Instructor Approval must be the following:
Filing Fee: $25
Documentation of one or more of the following:
_____ College Degree in insurance from an accredited institution (attach copy of college degree)
_____ A professional designation related to subject matter to be taught (attach copy of designation)
_____ Insurance work experience (at least seven or more years of practical experience (attach letter signed by employer on company letterhead listing applicant's job title and description of job duties)
_____ Bail bondsman/Runner related teaching experience (attach letter signed by employer on company letterhead listing courses taught with a brief description of course material).
Have you ever been the subject of any disciplinary action, including suspension, cancellation or revocation by any Insurance Department, Governmental Entity or other Licensing Authority. ____ Yes ____ No If yes, attach a statement explaining in complete details.
Have you ever been convicted, pled guilty or pled no contest in any criminal proceeding? ____ Yes ____ No
If yes, attach a statement explaining in complete details.
Have you ever been charged by any entity with misappropriation, conversion or withholding money? ____ Yes ____ No If yes, attach a statement explaining in complete details.

Note: Failure to comply with the requirements of South Carolina law and regulations may result in suspension of approval or termination of approval status.

STATEMENT OF APPLICANT

I _____, do solemnly swear that the responses to questions in this application are true and complete to the best of my knowledge.
Applicant's Signature

Section III.

This is to certify that the above application and all attachments have been reviewed and the information provided by the applicant is verified by the approved sponsor.

Signature of Authorized Representative of Sponsor _____ Date: _____

Section IV.

FOR INTERNAL USE ONLY
_____ Approved Instructor Approval Number _____
_____ Disapproved Explanation: