South Carolina Department of Insurance

Application for
Rental Car
Limited Insurance License

(Please Print or Type)

Residency: (Check one)

☐ Resident ☐ Non-Resident

Organization Type (Check one):

☐ Corporation ☐ Individual ☐ Partnership ☐ Sole Proprietorship
☐ Limited Liability Company ☐ Other

1 Business Entity Name	2 Incorporation/Formation Date (month) ___(day) ___(year) _____	3 FEIN -
4 List any name under which you are doing business	5 State of Domicile	6 Country of Domicile
7 Is the business entity affiliated with a financial institution/bank? Yes ☐ No ☐		
8 Home / Business Address	9 City	10 State / 11 Zip
12 Phone Number ( ) -	13 Fax Number ( ) -	14 Business Web Site Address / 15 Business E-Mail Address
16 Mailing Address	17 P.O. Box	18 City / 19 State / 20 Zip

Owners, Partners, Officers and Directors

21 Identify all owners, partners, officers and directors of the business entity:

Name _____ Title _____ SSN/FEIN ____-____-____

Name _____ Title _____ SSN/FEIN ____-____-____

Name _____ Title _____ SSN/FEIN ____-____-____

Name _____ Title _____ SSN/FEIN ____-____-____

Name _____ Title _____ SSN/FEIN ____-____-____

Name _____ Title _____ SSN/FEIN ____-____-____

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Name _____ Title _____ SSN/FEIN ____-____-____

Name _____ Title _____ SSN/FEIN ____-____-____

Name _____ Title _____ SSN/FEIN ____-____-____

Additional Locations

22 Provide the physical address for each additional location where insurance sales will be conducted under the limited insurance license. (Please provide additional list if necessary)

Street Address	City	State	Zip

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Background Information

23 Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ☐ No ☐

   "Crime" includes a misdemeanor , felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.

   If you answer yes, you must attach to this application:
   a) a written statement explaining the circumstances of each incident,
   b) a copy of the charging document, and
   c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ☐ No ☐

   "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

   If you answer yes, you must attach to this application:
   a) a written statement identifying the type of license and explaining the circumstances of each incident,
   b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
   c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ☐ No ☐

   If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ☐ No ☐

   If you answer yes, you must attach to this application:
   a) a written statement summarizing the details of each incident,
   b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
   c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

5. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ☐ No ☐

   If you answer yes, you must attach to this application:
   a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
   b) copies of all relevant documents.

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Applicants Certification and Attestation

(24) The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I am fully aware that no individual may act under the license applied for herewith until that individual has successfully completed a training program as required by South Carolina Insurance Code, Section 38-43-500.
7. I am fully aware that every office location where insurance sales will be conducted under the limited insurance license must prominently display and make readily available brochures or other written material that:
   - Summarize, clearly and correctly, the material terms of insurance coverage offered to consumers and identify the insurer
   - Disclose that the policies offered may duplicate coverage already provided by a consumer's personal auto policy, homeowner's policy, personal liability policy or other coverage
   - State that, except as specifically provided by another law of this state or the United States, the purchase of the kinds of insurance specified in South Carolina Insurance Code, Section 38-43-500 is not required to complete the associated consumer transaction
   - Describe the process for filing a claim should the coverage be purchased and claim arise.
8. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
9. If corporation or partnership, I have attached a copy of Certificate of Authority obtained from the South Carolina Secretary of State.
10. If corporation or partnership, I have received a Certificate of Good Standing from the South Carolina Secretary of State.

Must be signed by an officer, director, principal or partner of the business entity:

_____
Month Day Year

_____
Signature

_____
Typed or Printed Name

_____
Title

_____
Social Security Number

_____
Address

_____
City State Zip

Notary

(25) SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____DAY OF _____, _____

(*SEAL*)

_____
NOTARY PUBLIC

_____
COMMISSION EXPIRES