



Request & Authorization: Transfer of Business between Licensees

The purpose of this form is to provide the SC Department of Insurance with evidence of a “mutually agreed” transfer of business between surplus lines brokers for “policies designated” on the accompanying Excel spreadsheet . **The broker assuming the business is responsible for any and all liabilities, including all outstanding filings, applicable taxes, etc. as of the transfer date.**

Agent/Broker Relinquishing Business	Agent/Broker Assuming Business
Name:	Name:
License #:	License #:
Current Mailing Address:	Current Mailing Address:
Phone #:	Phone #:
Email Address:	Email Address:
Reason for relinquishing business: (If due to death or incapacitation please attach a current certified copy of the order from the applicable Probate Court authorizing you to handle the decedents affairs)	Reason for assuming business:
Effective Date of Transfer:	Effective Date of Transfer:
Both signatures to this form do hereby endorse this request and certify under penalty of perjury, that the foregoing statements are true.	
Signature:	Signature:

Notary Public	Notary Public
State of:	State of:
County of:	County of:
Subscribed and sworn to before me, a Notary Public, this day of , 20	Subscribed and sworn to before me, a Notary Public, this day of , 20
Signature:	Signature:
Notary Seal:	Notary Seal:

Mail/Email to: SCDOI 1201 Main Street, Suite 1000 Columbia, SC 29201 swaddell@doi.sc.gov (9-2014)