

**STATE OF SOUTH CAROLINA
DEPARTMENT OF INSURANCE**

Business name _____

CERTIFICATE OF FORM COMPLIANCE

NAIC Code: _____

SC Company Code: _____

The undersigned authorized officer, hereby represents that he/she is authorized to sign this certification and certifies that to the best of his/her knowledge, information and belief, the following:

1. Surety bond forms are subject to prior approval of the South Carolina Department of Insurance.
2. The forms used by my company have previously been approved by the Department.
3. _____ is electing to certify form compliance in lieu of refiling forms with the Department. Application forms are subject to review and audit by the South Carolina Department of Insurance.
4. That the aforementioned insurer has reviewed its approved applications, indemnity agreements and other policy forms it uses to transact bail bond business in the State of South Carolina and determined that they comply with South Carolina law, regulations, orders and bulletins issued by the South Carolina Department of Insurance.
5. Should its forms be inconsistent with South Carolina law they will be reformed to read in accordance with applicable law.

Executed this ____ day of _____, 20____.

(Officer's Signature*)

(Officer's Printed Name) _____

(Officer's Title) _____

If the individual signing this certification is not the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel, or an actuary that is also a corporate officer, documentation must be included that shows this individual has been appointed as an officer of the entity by the Board of Directors.