SOUTH CAROLINA DEPARTMENT OF INSURANCE
300 Arbor Lake Drive , Suite 1200
Post Office BOX 100105
Columbia, SC 29202-3105
(803) 737-6095

MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

APPLICATION FOR PUBLIC INSURANCE ADJUSTER'S LICENSE

SECTION 1. Personal Information. All information must be provided.

1 . Social Security Number_____ Date of Birth_____

2. Name of Applicant_____
(last) (first) (middle) (jr,sr)

3. Home Address_____
(street) (city) (state) (zip code)

4. Business Address_____
(street) (city) (state) (zip code)

5. Home Phone Number_____ Business Phone Number_____

6. Line of Authority: **22 - Property**

SECTION 2. Regulatory Information. All questions must be answered.

1. Are you, or have you been, licensed as an insurance agent, broker, appraiser, adjuster, or public adjuster in any state? Yes ☐ No ☐
If yes, list states and type of license _____

2. Have you ever been fined or been the subject of any disciplinary action, including suspension, cancellation, revocation, or refusal/denial by any insurance department, governmental regulatory entity, or other licensing authority? Yes ☐ No ☐
If yes, explain_____

3. Are you indebted to any insurance company, insurance agency, or car dealer or garage, to any general agent or manager in a personal or business way, or is there any dispute with reference to your accounts? Yes ☐ No ☐
If yes, give details _____

4. Have you even been convicted, pled guilty, or pled no contest in a criminal proceeding? Yes ☐ No ☐
If yes, state the exact offense and explain the circumstances surrounding your plea or conviction

_____

SECTION 3. Applicant's Certification.

Read the following statements carefully and make sure you understand each before signing this application.

1. I understand that I am responsible for notifying the South Carolina Department of Insurance, in writing and within 30 days, of any address change, including home and business. Failure to do so may result in administrative penalties set by S.C.Code Ann. §38-2-10.
2. 1 understand that misrepresentation of any fact required to be disclosed in this application is a violation of the insurance laws.
3. 1 understand that it is a violation of the insurance laws to adjust or aid in adjusting in any way, any loss on behalf of an insurer while I am licensed as a public insurance adjuster.
4. 1 understand the insurance laws of the State of South Carolina, as well as the type policies and insurance contracts under which I propose to adjust.
5. 1 understand that my license must be in my possession before any adjusting and/or appraising can be performed.

I DO SOLEMNLY SWEAR THAT ALL INFORMATION AND ANSWERS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE.

_____
SIGNATURE OF APPLICANT

SWORN BEFORE ME THIS _____ DAY OF _____ 20 ___

_____
SIGNATURE OF NOTARY PUBLIC
MY COMMISSION EXPIRES:_____