South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200
Columbia, South Carolina 29223

P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6134

MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

APPOINTMENT OF SURETY BONDSMAN

Name of Licensed Surety Insurer _____

Insurer Mailing Address _____

The above-named surety insurer hereby appoints the following individual as a surety bondsman in the State of South Carolina to execute or countersign bail bonds for such insurer in connection with judicial proceedings:

Name: _____
First Middle Last

Home Address: _____

Business Address: _____

Home Telephone: _____ Business Telephone: _____

Social Security Number: _____ Birth Date: _____

Trade Name/Agency Name with whom Applicant is Affiliated: _____

Principal County where applicant resides: _____

The aforesaid surety insurer hereby certifies that the surety bondsman appointed herein (check one):

☐ is currently licensed as a surety insurance agent in South Carolina for said insurer;

☐ is not currently licensed as a surety insurance agent in South Carolina for said insurer, but that all materials, forms, and fees necessary to the issuance of a surety insurance agent's license are attached hereto.

The aforesaid surety insurer further certifies that it will give its power of attorney to the bondsman appointed herein to execute or countersign bail bonds for such insurer.
In consideration of the foregoing, the above-named surety insurer requests that the Director of Insurance issue a surety bondsman's license to the individual appointed herein above.

Signed _____

Type Name _____

Title _____

Sworn to before me this

____day of _____ ,20____

_____ (Seal)

Notary Public for _____

My Commission Expires: _____