

South Carolina Department of Insurance

P. O. Box 100105, Columbia, South Carolina 29202-3105

Appointment/Termination Form

(Company return address box)

Company contact telephone number (____)_____

Appoint ☐ Terminate ☐ (Mark the column C if the termination is for cause)

SSN or Producer ID	National Producer Number	Producer Name	Appointment Type Local (\$40), General/Special (\$100), Travel Baggage (\$20)	Line(s) of Authority*	State Specific Company Number	Effective Date	C	O

*Lines of Authority

19 – Life	20 – Variable Contracts	21 – Accident & Health	22 – Property	23 – Casualty	24 – Surety	25 – Marine
26 – Title	27 – Personal Lines	29 – Pre-Need	34 – Industrial Fire	35 – Credit	36 – Auto Physical Damage	
37 – Crop-Hail	38 – Auto Liability	39 – Mortgage Guaranty	40 – Travel Accident & Baggage			

ENTRIES ON THIS FORM MUST BE EITHER ALL APPOINTMENTS OR ALL TERMINATIONS.

Termination reason: In accordance with South Carolina law, the Department must be notified within 30 days following the effective date a producer is terminated. Mark column “C” when terminating for “CAUSE” and provide supporting documentation outlining the exact reason for termination. Records furnished to the Department are not for public inspection (Section 38-43-55). Mark column “O” for “OTHER” terminations. If the “O” category is checked, no supporting documentation is required.

Appointment: I hereby certify that I have duly investigated the character and record of the applicant(s) listed above and am satisfied they are competent, trustworthy and qualified to be insurance producer(s) under South Carolina law.

SWORN to and before me this

_____ day of _____, _____

Signature of Authorized Appointing Officer

Notary Public

Print or Type Name