



South Carolina Department of Insurance

Capitol Center, 1201 Main Street, Suite 1000
Columbia, South Carolina 29201

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
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MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

APPLICATION FOR THE CONTINUATION OF NON-RESIDENT ADJUSTER LICENSE FOR PERIOD AUGUST 1, 2007 THRU JULY 31, 2009.

NAME: _____
ADDRESS: _____

SNN: _____
AUTH: PROPERTY
CASUALTY
SURETY
MARINE

This application must be completed in its entirety and returned to this Department by the end of August. If application and fee are not received within stated period, your adjuster's license will be cancelled. See enclosed notice regarding amount of fee for Non-Resident. PENALTY FOR LATE FILING IS A DOUBLE FEE. Make remittance payable to South Carolina Department of Insurance.

SECTION 1 – PERSONAL INFORMATION

SOC. SEC. NO	LAST NAME	FIRST NAME	MI	JR/SR
HOME STREET ADDRESS (Do not use a P.O. Box No.)		CITY	STATE	ZIP CODE
HOME PHONE NO. _____				
MAILING ADDRESS		CITY	STATE	ZIP CODE
BUSINESS ADDRESS		CITY	STATE	ZIP CODE

Your Social Security No. will be used by the Department for identification purposes only. It will not be released as public information.

SECTION 2 – EMPLOYMENT INFORMATION (This Section must be complete each year)

Are you currently employed as an adjuster? Yes: ____ No: ____

NAME OF FIRM OR COMPANY	BUSINESS TELEPHONE NO.		
STREET ADDRESS	CITY	STATE	ZIP CODE

SECTION 3 – APPLICATION'S SWORN STATEMENT

I do solemnly swear that all information contained within this application is complete, true, and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

PLEASE NOTE: Your License is permanent and a new license will not be issued. Your cancelled check will serve as receipt.