

#### SOUTH CAROLINA DEPARTMENT OF INSURANCE Capitol Center, 1201 Main St., Suite 1000 Post Office BOX 100105 Columbia, SC 29202-3105 (803) 737-6095

MARK SANFORD Governor

SCOTT RICHARDSON 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	Business Phone Number		
6.	Line of Authority: 22 - Property					
2.	If yes, list states and type of license					
	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					
	TION 2 Applicant's Cort	ification				
Read 1	nderstand that I am responsible	Il Cation. Ily and make sure you understand e for notifying the South Carolina De pusiness. Failure to do so may result	epartment of Insurance, in writing	g and within 30		

1 understand that misrepresentation of any fact required to be disclosed in this application is a violation of the insurance laws.
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:

SCDI FORM NO. 3518 (REV. 8/2000)