



South Carolina Department of Insurance

Division of Administration
Office of Continuing Education
Capitol Center, 1201 Main St., Suite 1000
Columbia, South Carolina 29201

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MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

APPLICATION FOR PRELICENSING SPONSOR APPROVAL TO CONDUCT INSURANCE PRELICENSING EDUCATION

1. New Application _____ Renewal Application _____
2. Name of School _____
Telephone () _____ Fax Number () _____ Email address _____
3. School Mailing Address _____
4. Type of School (Check One)
____ College/University ____ Insurance Agency ____ Insurance Company
____ Insurance Trade Association ____ Private Organization
5. Courses will be conducted as: ____ Classroom ____ Correspondence ____ Both
(Bailbondsman course must be classroom)
6. Type of course:
____ Life, Accident and Health ____ Life ____ Accident and Health
____ Property, Casualty, Surety & Marine ____ Property ____ Casualty ____ Surety
____ Bailbondsman
7. Name of Textbook _____
Publisher of Textbook _____
Edition Date and Number _____
8. I certify that I will make Licensing Guides available to candidates enrolled in the school. These guides can be ordered from Thomson Prometrics (800-490-6548).

Signature of Program Director _____
Name of Program Director (please print)
9. Location(s) where course(s) are to be conducted (provide name of facility and complete address). If additional space is necessary, attach additional paper.
 1. _____
 2. _____
 3. _____

10. Full name and Social Security Number of instructor(s) and the course(s) they will conduct. If additional space is necessary, attach additional paper. (Instructor application SCID form 3618 must be submitted for each instructor)

1. _____

2. _____

3. _____

11. Has anyone in your organization ever been the subject of disciplinary action, including suspension, cancellation or revocation by an Insurance Department, Governmental entity, or other licensing authority? ☐ Yes ☐ No If yes attach a statement providing complete details.

Has anyone in your organization ever been convicted, pled guilty or no contest or any criminal proceeding? ☐ Yes ☐ No If yes attach a statement providing complete details.

Has anyone in your organization ever been charged by an entity with misappropriation, conversion or withholding money? ☐ Yes ☐ No If yes attach a statement providing complete details.

12. Name of School/Company President or Chief Academic/Operating Officer

_____ Name (Print or Type)	_____ Title	() _____ Email address
_____ Business Address	() _____ Telephone Number	() _____ Fax Number

I certify that the school and instructors will comply with South Carolina insurance laws and regulations relating to the conduct of prelicensing education courses.

Signature