

State of South Carolina
DEPARTMENT OF INSURANCE
Education Services Division
P.O. Box 100105, Columbia, SC 29202-3105
APPLICATION FOR CONTINUING EDUCATION SPONSOR APPROVAL
(If all required material is not submitted, the application will be disapproved.)

SECTION I.

Name of Sponsor _____
Address _____
Telephone Number _____

Sponsor's Authorized Representative _____
Address _____
Telephone Number _____

Sponsor's Type of Business

- | | |
|--|---|
| <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Institution of Higher Learning |
| <input type="checkbox"/> Agent Association | <input type="checkbox"/> Other (A letter explaining the type of business and a mission statement must be submitted for this category) |
| <input type="checkbox"/> Insurance Trade Association | |

SECTION II.

To remain qualified as an approved sponsor, the sponsor agrees to comply with the following and with all the requirements of Regulation 69-50. Failure to comply with any of these requirements may result in a fine of not less than \$1,000, suspension of approval or termination of approval status.

1. Monitor agents' attendance by maintaining accurate attendance records;
2. Issue a Certification of Approved Course Completion to all agents who satisfactorily complete an approved course within the time required by Reg. 69-50 VII. A. B;
3. Submit to the Continuing Education Administrator a class roster of the agents who satisfactorily complete an approved course within the time required by Reg. 69-50 VII;
4. Monitor the activities of approved instructors/proctors and promptly report any change in the status of the relationship between the instructor/proctor and the sponsor;
5. Submit course schedules to the Department of Insurance fifteen days in advance of the course or seminar being presented as required by Reg. 69-50 IX. D.
6. Provide the authorized representative and all instructors and/or proctors with a current copy of Laws and Regulation 69-50 on continuing education of agents.

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 of any criminal proceeding?

☐ Yes ☐ No If yes, attach a statement providing complete details.

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

STATEMENT OF APPLICANT

I _____, do solemnly swear that the information and answers contained in

AUTHORIZED REPRESENTATIVE'S SIGNATURE

SWORN TO AND BEFORE ME THIS

this application are complete, true and correct to the best of my knowledge. _____ DAY OF _____, _____

NOTARY PUBLIC

SECTION III

FOR INTERNAL USE ONLY

_____ Approved Approved Sponsor Number: _____

_____ Not Approved - Explanation: _____

Signature of Chair or Vice Chair of Advisory Committee _____