

SOUTH CAROLINA DEPARTMENT OF INSURANCE
Education Services Division
P.O. Box 100105, Columbia, SC 29202-3105
APPLICATION FOR PRELICENSING EDUCATION INSTRUCTOR APPROVAL

SECTION I.

Full Name of Instructor: _____
Social Security Number: _____ Date of Birth _____
Residence Address: _____

CITY STATE ZIP CODE
Telephone Number: _____ - _____
Name of Approved Sponsor: _____ Sponsor #: _____
Sponsor Address: _____

CITY STATE ZIP CODE
Sponsor's Authorized Representative: _____
Telephone Number: _____ - _____
Approval Requested To Instruct Courses In: _____ Life, Accident & Health _____ Property & Casualty

SECTION II **If all required material is not submitted and/or if the application is not properly completed, it will be returned to the sponsor and the filing fee will be forfeited.**

Attached to this application for Instructor Approval must be the following:

1. Documentation of one or more of the following:

- _____ College Degree in insurance from an accredited institution (attach evidence of college degree)
_____ A professional insurance designation related to subj. matter to be taught (attach copy of diploma, certificate, etc.).
_____ Insurance work experience (at least 5 years) in subject matter to be taught (attach letter(s) signed by employer on company letterhead listing your position, title, description of job duties, etc.).
_____ Insurance related teaching experience (attach letter(s) signed by employer on company letterhead listing courses taught with a brief description of course material).

Have you ever been the subject of any disciplinary action, including suspension, cancellation, or revocation by any Insurance Department, Governmental entity, or other licensing authority. _____ Yes _____ No

If yes, attach a statement providing complete details.

Have you ever been convicted, pled guilty or no contest in any criminal proceeding? _____ Yes _____ No

If yes, attach a statement providing complete details.

Have you ever been charged by any entity with misappropriation, conversion or withholding of money? _____ Yes _____ No

If yes, attach a statement providing complete details.

NOTE: Failure to comply with the requirements of SC CODE ANN. 38-43-105 and Regulation 69-23 may result in suspension of approval or termination of approval status.

STATEMENT OF APPLICANT

I _____, do solemnly swear that the information and answers contained in
_____ **APPLICANT'S SIGNATURE** **SWORN TO AND BEFORE ME**
this application are true and complete to the best of my knowledge. _____ DAY OF _____, 20 _____

NOTARY PUBLIC

SECTION III.

This is to certify that the above Application and all attachments have been reviewed and the information provided by the applicant verified by the Approved Sponsor.

Signature of Authorized Representative/Approved Sponsor: _____ Date _____

SECTION IV.

FOR INTERNAL USE ONLY

_____ Approved
_____ Not Approved - Explanation: _____
Approved Instructor Number: _____