



STATE OF SOUTH CAROLINA  
**DEPARTMENT OF INSURANCE**  
 1201 Main Street, Suite 1000, Columbia, SC 29201

FORM NO. 1000A

**APPLICATION FOR CERTIFICATE OF AUTHORITY - SURPLUS LINES**

NAME OF COMPANY	MAILING ADDRESS
STATE IN WHICH ORGANIZED OR INCORPORATED	EXECUTIVE OR HOME OFFICE ADDRESS IF DIFFERENT THAN ABOVE
TYPE OF ORGANIZATION <input type="checkbox"/> STOCK <input type="checkbox"/> MUTUAL <input type="checkbox"/> OTHER (Specify)	

APPLIES FOR AUTHORITY TO TRANSACT THE FOLLOWING KINDS OF INSURANCE IN SOUTH CAROLINA:

- PROPERTY                       SURETY                       EXCESS AND STOP-LOSS [See 38-1-20(37.5)]  
 CASUALTY                       MARINE

COMPANY IS APPROVED TO DO BUSINESS IN THE FOLLOWING STATES:	COMPANY HAS APPLICATIONS PENDING IN THE FOLLOWING STATES:
HAS COMPANY'S LICENSE EVER BEEN RESTRICTED, SUSPENDED OR REVOKED BY ANY STATE? (If so, attach detailed statement)	HAS COMPANY'S APPLICATION EVER BEEN DENIED BY ANY STATE? (If so, attach detailed statement)

HAS THE COMPANY EVER BEEN APPROVED AS AN ELIGIBLE SURPLUS LINES INSURER IN SOUTH CAROLINA? IF SO, GIVE DATES AND REASON FOR WITHDRAWAL:

WERE ANY OF THE APPLICANT COMPANY'S OFFICERS OR DIRECTORS ASSOCIATED AS AN OFFICER OR DIRECTOR WITH ANY COMPANY AT THE TIME SAID COMPANY'S LICENSE WAS SUSPENDED OR REVOKED OR AT THE TIME SAID COMPANY WAS PLACED IN RECEIVERSHIP?  YES  NO  
 IF ANSWER IS "YES" PLEASE ATTACH A COMPLETE EXPLANATION, GIVING NAMES OF THE OFFICER OR DIRECTOR, NAME OF FORMER COMPANY, ETC.

SOUTH CAROLINA REQUIRES AN ENTRANCE EXAMINATION FOR ANY APPLICANT WHENEVER NECESSARY IN THE DISCRETION OF THE DIRECTOR, AND IN EVERY INSTANCE WHEN, BECAUSE OF THE AGE OF AN INSURER OR OTHER FACTORS APPEARING, AN EVALUATION CANNOT BE MADE OF THE QUALIFICATIONS OF AN APPLICANT PURSUANT TO ARTICLE 1, CHAPTER 3, TITLE 37 OF THE CODE OF LAWS OF SOUTH CAROLINA, 1962, AS AMENDED. WILL YOU SUBMIT TO AN EXAMINATION IF THE DIRECTOR DEEMS ONE IS ADVISABLE?  YES  NO

IN AN ATTACHMENT, RESPOND TO THE FOLLOWING, AS NUMBERED: 1) STATE BRIEFLY THE KINDS OF BUSINESS THE COMPANY INTENDS TO WRITE IN SOUTH CAROLINA; 2) PROVIDE THE COMPANY'S PLAN OF OPERATION FOR SOUTH CAROLINA; 3) STATE IF THE COMPANY WILL CONFINE ITS OPERATIONS TO A SPECIAL CLASS OF INSUREDS; 4) STATE HOW THE COMPANY WILL MARKET ITS PRODUCTS IN SOUTH CAROLINA; AND 5) DISCUSS BRIEFLY ANY PLANS FOR ECONOMIC DEVELOPMENT IN SOUTH CAROLINA, I.E., THE BUILDING OF A BRANCH, SALES, OR CLAIMS OFFICE, ETC.

WE, THE UNDERSIGNED, BEING DULY SWORN, EACH FOR HIMSELF, DEPOSES AND SAYS THAT THEY ARE THE DESCRIBED OFFICERS OF SAID INSURER, THAT THEY HAVE THE AUTHORITY TO MAKE SUCH APPLICATION, AND THAT THE STATEMENTS MADE IN THIS APPLICATION AND IN THE SUPPORTING SCHEDULES, DOCUMENTS AND PAPERS ARE FULL AND TRUE ACCORDING TO THE BEST OF THEIR INFORMATION, KNOWLEDGE AND BELIEF, RESPECTIVELY. WE FURTHER CERTIFY THAT THE COMPANY IS AUTHORIZED BY ITS CHARTER AND HAS AUTHORITY FROM ITS STATE OR COUNTRY OF DOMICILE TO WRITE THE LINE(S) OF INSURANCE FOR WHICH AUTHORITY IS HEREIN REQUESTED.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_  
 THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 PRESIDENT OR OTHER CHIEF OFFICER

\_\_\_\_\_  
 (NOTARY SEAL)

\_\_\_\_\_  
 SECRETARY