

STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
PROFESSIONAL EMPLOYER ORGANIZATIONS



Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-68-10 et seq.
www.consumer.sc.gov
(803) 734-4200

Street Address
293 Greystone Blvd., Suite 400
Columbia, SC 29210

INSURANCE CERTIFICATION

I, _____ president and owner of _____ a Professional Employer Organization (PEO), as defined in South Carolina Code § 40-68-10, et. seq., which is preparing to do business in the State of South Carolina, hereby certify that the above named PEO will not offer any self or partially self-funded plans of insurance for workers' compensation, health, life or disability to any employee in the State of South Carolina. I understand that ERISA plans are not acceptable as fully insured health/medical plans for PEOs in South Carolina and that no insurance plan may be offered to client companies and leased employees without prior approval from this Department.

I swear or affirm and certify that I have completed and/or reviewed all information on this form and submitted with this Application, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact which would have a bearing upon the South Carolina Department of Consumer Affairs' decision to grant the requested license. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature

Date

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

The completed Application should be submitted to:

South Carolina Department of Consumer Affairs
Attn: PEO Licensing

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

Street Address
293 Greystone Blvd., Suite 400
Columbia, SC 29210

Do not fax this form. An original, signed and notarized form is required.

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.