

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

CROSS GUARANTEE FORM

Pursuant to the provisions of South Carolina Code § 40-68-80, the undersigned controlling persons, as members of the applicant professional employer organization group, hereby unconditionally guarantee and promise to pay any and all obligations of each other member of the group.

Company One: _____

Controlling Person - Signature _____

Controlling Person - Type or Print your name and Title _____

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires: _____

Company Two: _____

Controlling Person - Signature _____

Controlling Person - Type or Print your name and Title _____

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires: _____

Company Three: _____

Controlling Person - Signature

Controlling Person - Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

Company Four: _____

Controlling Person - Signature

Controlling Person - Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

Company Five: _____

Controlling Person - Signature

Controlling Person - Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires: