



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



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

PROFESSIONAL EMPLOYER ORGANIZATIONS

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

Street Address
2221 Devine St. Suite 200
Columbia, SC 29205

INSURANCE SCHEDULE

(Please type or print in black ink)

PLANS OF INSURANCE OFFERED BY:

Name of PEO or PEO Group		Date	
---------------------------------	--	-------------	--

Type of Plan		Name of Carrier	
Policy Number		Effective Date	
Insurance Agent			
Business Address			
City	State	Zip	
Telephone Number	Fax Number		

Type of Plan		Name of Carrier	
Policy Number		Effective Date	
Insurance Agent			
Business Address			
City	State	Zip	
Telephone Number	Fax Number		

Type of Plan		Name of Carrier	
Policy Number		Effective Date	
Insurance Agent			
Business Address			
City	State	Zip	
Telephone Number	Fax Number		

Type of Plan		Name of Carrier	
Policy Number		Effective Date	
Insurance Agent			
Business Address			
City	State	Zip	
Telephone Number	Fax Number		

Type of Plan		Name of Carrier	
Policy Number		Effective Date	
Insurance Agent			
Business Address			
City	State	Zip	
Telephone Number	Fax Number		

Type of Plan		Name of Carrier	
Policy Number		Effective Date	
Insurance Agent			
Business Address			
City	State	Zip	
Telephone Number	Fax Number		

Type of Plan		Name of Carrier	
Policy Number		Effective Date	
Insurance Agent			
Business Address			
City	State	Zip	
Telephone Number	Fax Number		

Type of Plan		Name of Carrier	
Policy Number		Effective Date	
Insurance Agent			
Business Address			
City	State	Zip	
Telephone Number	Fax Number		

Type of Plan		Name of Carrier	
Policy Number		Effective Date	
Insurance Agent			
Business Address			
City	State	Zip	
Telephone Number	Fax Number		

Type of Plan		Name of Carrier	
Policy Number		Effective Date	
Insurance Agent			
Business Address			
City	State	Zip	
Telephone Number	Fax Number		

This list should contain **ALL** plans offered by the PEO or PEO Group as of the date of filing. South Carolina Code § 40-68-110 requires licensees to notify all client companies and the Department in writing about a discontinuance and replacement of any health or workers' compensation insurance coverage no later than ten (10) business days after the discontinuance and before offering any replacement policy.

RELEASE

I authorize the Department of Consumer Affairs to directly contact any insurance carrier or agent listed above to verify coverage, premium payment status, any disputed premium, and related matters. I hereby authorize each insurance carrier and agent to release the requested information to the Department, and hold them harmless for the release of this information subject to this release authorization. A photocopy of this release shall be as valid as the original.

Signature

Date

Type or Print your Name and Title

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 and Regulation

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

Street Address
2221 Devine St. Suite 200
Columbia, SC 29205

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.