

# South Carolina Department of Insurance Professional Bondsman / Runner / Surety Bondsman License Application

Staple a passport size  
full-face photograph of  
applicant here.

## Please check only one type of license:

- Professional Bail Bondsman - \$400.00  
 Surety Bondsman - \$20.00 (must obtain producer license & appointment)  
 Bail Bond Runner - \$200.00

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Name: \_\_\_\_\_ Residence County: \_\_\_\_\_  
(P.O. Boxes not accepted)

Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(P.O. Boxes not accepted)

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ SCDL No.: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Background Information

- Yes  No Do you now hold a valid bail bond license of any type? If yes, please check and complete the following:  
 Professional Bondsman, trading as \_\_\_\_\_  
 Surety Bondsman, name of insurance co. \_\_\_\_\_  
 Bail Bond Runner, employed by \_\_\_\_\_
- Yes  No Have you ever applied for or received a professional bail bondsman, bail bond runner or surety bondsman license? If yes, please check and complete the following:  
 Professional Bondsman, trading as \_\_\_\_\_ Dates Held \_\_\_\_\_  
 Surety Bondsman, name of insurance co. \_\_\_\_\_ Dates Held \_\_\_\_\_  
 Bail Bond Runner, employed by \_\_\_\_\_ Dates Held \_\_\_\_\_
- Yes  No Have you ever had a license denied, suspended, revoked, or non-renewed by this or any other insurance department or have you ever voluntarily surrendered a license? If yes, please attach details.
- Yes  No Have you ever been convicted, or pled guilty, or pled no contest in any criminal proceeding? If yes, you must attach to this application :  
(a) a written statement explaining the circumstances of each incident;  
(b) a copy of the charging document, and  
(c) a copy of the original document which demonstrates the resolution of the charges or any final judgment.  
  
"Crime" includes misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.  
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.  
  
 Yes  No If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033?  
 Yes  No If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.)

5.  Yes  No Are you or your spouse a sheriff, deputy sheriff, other law enforcement officer, judicial official, attorney, parole officer, probation officer, jailer, assistant jailer, employee of the general court of justice or other public employee assigned to duties relating to the administration of criminal justice, have power of arrest, or have anything to do with Federal, State, County or Municipal prisoners? If yes, clearly specify in attachment.
6.  Yes  No Have you lived outside the State of South Carolina since the age of 18? If yes, on attachment list the other states or countries outside the State of South Carolina you have lived and the dates of residence.
7.  Yes  No Do you individually and/or jointly have any civil judgments outstanding against you as of the date of this application? If yes, attach a copy of each judgment to include name, date, and amount, county, and file number.
8.  Yes  No Are you under court order to pay child support? If yes, attach details.
9.  Yes  No Are you currently delinquent in paying child support? If yes, attach details regarding arrearage.
10.  Yes  No Are you currently a party to, or have you been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If yes, you must attach to this application (a) a written statement summarizing the details of each incident, (b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and (c) a copy of the official document which demonstrates the resolution of the charges or any final judgments.
11.  Yes  No Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others.
12.  Yes  No Have you completed pre-licensing class for bail bondsman in South Carolina? If yes, attach certificate of Completion of course to application.

**Employment History (past 2 years)**

Date of Hire:	Company Name & Address:	Name of Supervisor:

Job Title:

Detail Job Duties:

Date of Hire:	Company Name & Address:	Name of Supervisor:

Job Title:

Detail Job Duties:

**Power of Attorney (Professional Bondsman Application Only)**

**POWER OF ATTORNEY AUTHORIZING THE CLERK OF COURT TO SELL OR TRANSFER SECURITIES DEPOSITED BY PROFESSIONAL BONDSMEN IN SOUTH CAROLINA**

With the securities deposited with the clerk of court, the professional bondsman shall at the same time deliver to the clerk of court a power of attorney on a form supplied by the clerk of court, executed and acknowledged by the professional bondsman, authorizing the sale or transfer of the securities or any part of the securities. The power of attorney must read as follows:

"Know all men by these presents that I, \_\_\_\_\_, a professional bondsman, located in the County of \_\_\_\_\_, in the State of South Carolina, do authorize and appoint for myself and my successors, heirs, and assigns the clerk of court of this county, in the name and in behalf of myself as professional bondsman, my attorney to sell or transfer any securities deposited or that may be deposited by me as professional bondsman with the clerk of court, under the laws and regulations requiring a deposit of securities to be made by professional bondsmen doing business in the State of South Carolina if the sale or transfer is considered necessary by the clerk of court to pay any liability arising under a bond which purports to be given by the undersigned bondsman in any county in this State, and execution has been issued against me as bondsman pursuant to a judgment on the bond, and the judgment has not been satisfied. The securities so deposited are to be held in trust by the clerk of court for the sole protection and benefit of the holder of bail bonds executed by or on behalf of the undersigned bondsman."

In witness whereof, I have set my hand and affixed my seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(L.S.)  
Notary Public

My commission expires: \_\_\_\_\_

**Power of Attorney (Runner Application Only)**

KNOW ALL MEN BY THESE PRESENTS that I, \_\_\_\_\_  
(Print or Type Professional Bondsman's Name)

of \_\_\_\_\_ County, South Carolina, have made, constituted and appointed, and by these presents do make, constitute and appoint \_\_\_\_\_  
(Print or Type Runner's Name)

my true and lawful Attorney-In-Fact and lawful Runner to execute bail bonds on my behalf for individuals before the State, County and Municipal Courts of those counties of the State of South Carolina in which this Power of Attorney is registered. \$ \_\_\_\_\_ .00 (if no limit is stated Runner cannot execute bail bonds).

And I do hereby ratify and confirm all things so done by my said Runner and Attorney-in-Fact, within the scope of the authority herein given him, fully and to the same extent as by me personally performed. This Power-of -Attorney shall continue and exist in being until withdrawn by me in writing.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Professional Bondsman Signature)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public of South Carolina  
My Commission Expires: \_\_\_\_\_

**Supervising Bail Bondsman Certification and Attestation (for Runner Application)**

The undersigned bail bondsman hereby certifies that he has appointed \_\_\_\_\_ to perform the duties of a Runner pursuant to SC Code 38-53-10(10), and that he obligates himself to supervise the work of said Runner and be responsible for his conduct in the bail bonding business.

The undersigned bail bondsman understands and agrees that by this appointment, the above-mentioned runner is empowered to assist the bondsman in his conduct of the bail bond business and may, without limitation, assisting the bail bondsman in presenting the defendant in court when required, assisting in the apprehension and surrender of the defendant to the court, keeping the defendant under necessary surveillance, and executing bonds on behalf of the licensed professional bondsman when the power of attorney has been recorded.

However, the undersigned bail bondsman expressly understands and agrees that the above-mentioned Runner may not execute bail bonds on behalf of the undersigned bondsman unless he has power of attorney to do so have been given by the bondsman. If Power of Attorney has been given to the above-mentioned runner, a copy thereof is attached hereto for filing.

Print Supervising Bondsman Name: \_\_\_\_\_ Lic. No. \_\_\_\_\_

Supervising Bondsman's Signature: \_\_\_\_\_

Company's Bus. Address (PO Boxes not accepted): \_\_\_\_\_

**Applicant's Certification and Attestation**

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information and omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

I further certify that I grant permission to the Commissioner of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.

I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child support obligation and I am currently in compliance with that obligation.

I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

I acknowledge that I am familiar with the bail bond laws and regulations governing bail bonding in South Carolina and will comply with the requirements set forth therein.

\_\_\_\_\_  
Month                      Day                      Year

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Print or Typed) Full Legal Name

**Attach the following items with your application:**

- \* Passport Size (full face) Picture
- \* One (FBI) Fingerprint Card Completed by Authorized Law Enforcement Officer
- \* Certified Copy of Criminal History Background Check from the SLED (Your criminal history report can be obtain at [www.sled.state.sc.us](http://www.sled.state.sc.us) there is a cost for this item)
- \* Copy of any Outstanding Civil Judgment(s)
- \* Fees- Cash, Checks or Money Orders (Starter checks not accepted)
- \* Original Pre-licensing Certification & Examination Score Report

Note: Each applicant for a professional, surety bondsman or runner license must submit their applicant along with sled background report before registering for the pre-licensing courses.

\* Minimum deposit of \$10,000.00 dollars cash or certificate of deposit. Must show proof during application (**professional bondsman applicant only**).

\* You must be able to obtain a producer license and appointment from a licensed insurance carrier to become license as a surety bail agent (**surety applicant only**).

\* Any person who receives a license before May 1 of each year will be required to complete continuing education to renew the initial license Code 38-53-85(b) of the SC Insurance Laws.

**MAIL APPLICATION TO:**

Division of Market Services  
Attn: Office of Special Services  
Capitol Center, 1201 Main St, Suite 1000  
Columbia, South Carolina 29201

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Mailing Address:  
P.O. Box 100105, Columbia, S.C. 29202-3105  
Telephone: (803) 737-6134