



South Carolina Department of Labor, Licensing and Regulation

South Carolina Real Estate Appraisers Board

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www.llr.sc.gov/POL/REAB/



BOND CLAIM FORM

To (Surety): _____ Date of Bond Claim: _____

Name of Complainant: _____

Address of Complainant: _____

Bond Number: _____ Effective Date of Bond: _____

Surety Company Name and Address: _____

Appraisal Management Company/Principal Name: _____

Address: _____

Registration Number: _____ Amount of Claim Requested: \$ _____
(Actual damages only)

Date of Appraisal Assignment (Provide a copy of written terms if available): _____

Brief description of the allegations giving rise to the bond claim (Attached additional pages if necessary)