



**INSURANCE**

Certificate of Insurance verifying proof of \$500,000 general liability insurance, including manufacturer’s or contractor’s liability and product’s liability insurance (per S.C. Code of Laws 40-82-250) must be attached to this renewal application.

**NOTE: The Insured shall notify the Board a minimum of 30 days prior to liability insurance being canceled, suspended or nonrenewable.**

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**BACKGROUND INFORMATION**

All “Yes” answers must be accompanied with a written explanation and supporting legal documentation, i.e. court documents stating the disposition, payment arrangement correspondence, documented letter of dispute, etc.

- 1. Since your last renewal (or if this is your first renewal, since your initial application), has this company had a license, certification or registration cancelled, surrendered, revoked, suspended, restricted or disciplined by any federal, state, or local authority or operated without a proper license, certificate, or registration?  Yes  No
- 2. Does this company have any unresolved complaints or charges pending before any professional or occupational licensing board or authority in this State or any other state or jurisdiction?  Yes  No
- 3. Since your last renewal (or if this is your first renewal, since your initial application), has this company been issued a Cease and Desist Order for unauthorized/unlicensed practice?  Yes  No
- 4. Since your last renewal (or if this is your first renewal, since your initial application), has this company been convicted of, or pled guilty or nolo contendere to a criminal offense in a court of competent jurisdiction in this or any other state, district or territory of the United States or of a foreign country?  Yes  No

**AFFIDAVIT**

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date