

**SCDOI FORM 3505**

# South Carolina Department of Insurance

P. O. Box 100105, Columbia, South Carolina 29202-3105

## Appointment/Termination Form

(Company return address box)

Company contact telephone number ( ) \_\_\_\_\_

Appoint ☐ Terminate ☐ (Mark the column C if the termination is for cause)

SSN or Producer ID	National Producer Number	Producer Name	Appointment Type Local (\$40), General/Special (\$100), Travel Baggage (\$20)	Line(s) of Authority*	State Specific Company Number	Effective Date	C	O

### \*Lines of Authority

19 – Life      20 – Variable Contracts      21 – Accident & Health      22 – Property      23 – Casualty      24 – Surety      25 – Marine  
26 – Title      27 – Personal Lines      29 – Pre-Need      34 – Industrial Fire      35 – Credit      36 – Auto Physical Damage  
37 – Crop-Hail      38 – Auto Liability      39 – Mortgage Guaranty      40 – Travel Accident & Baggage

### ENTRIES ON THIS FORM MUST BE EITHER ALL APPOINTMENTS OR ALL TERMINATIONS.

**Termination reason:** In accordance with South Carolina law, the Department must be notified within 30 days following the effective date a producer is terminated. Mark column “C” when terminating for “CAUSE” and provide supporting documentation outlining the exact reason for termination. Records furnished to the Department are not for public inspection (Section 38-43-55). Mark column “O” for “OTHER” terminations. If the “O” category is checked, no supporting documentation is required.

**Appointment:** I hereby certify that I have duly investigated the character and record of the applicant(s) listed above and am satisfied they are competent, trustworthy and qualified to be insurance producer(s) under South Carolina law.

SWORN to and before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Appointing Officer

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print or Type Name