



**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

**CROSS GUARANTEE FORM
FOR
PROFESSIONAL EMPLOYER ORGANIZATION
GROUP LICENSE**

Pursuant to the provisions of South Carolina Code § 40-68-80, the undersigned controlling persons, as members of the applicant professional employer organization group, hereby unconditionally guarantee and promise to pay any and all obligations of each other member of the group.

Primary Company Name: _____	
Controlling Person - Signature _____	Controlling Person - Type or Print your name and Title _____
SWORN TO AND SUBSCRIBED before me	
this _____ day of _____, 20_____	
_____ (SEAL)	
Notary Public For _____	
My Commission Expires: _____	

Second Company Name: _____	
Controlling Person - Signature _____	Controlling Person - Type or Print your name and Title _____
SWORN TO AND SUBSCRIBED before me	
this _____ day of _____, 20_____	
_____ (SEAL)	
Notary Public For _____	
My Commission Expires: _____	

Third Company Name: _____

Controlling Person - Signature

Controlling Person - Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

Fourth Company Name: _____

Controlling Person - Signature

Controlling Person - Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

Fifth Company Name: _____

Controlling Person - Signature

Controlling Person - Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires: