



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



MOTOR CLUB COMPANY APPLICATION FOR CERTIFICATE OF AUTHORITY

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 39-61-40 *et seq.*

(803) 734-4251 | www.consumer.sc.gov | (803) 734-4200

Street Address

293 Greystone Boulevard, Ste. 400
Columbia, SC 29210-8004

Application can be filed online. Visit www.consumer.sc.gov and click on "online filing."

IMPORTANT: Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary.

Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.

GENERAL INFORMATION

Business Name

(Headquarters/Main) _____

DBA _____

Type of Business
(check one and provide
FTIN or SSN in box to
right)

Corporation

Limited Liability Company

Limited Partnership

Limited Liability Partnership

} Fed Tax ID No. _____

Are you in good standing with the Secretary of State's Office?

Yes

No

General Partnership

Sole Proprietorship

} SSN _____

Physical Address

City _____

State _____

Zip _____

Mailing Address

(If different from above)

City _____

State _____

Zip _____

Website Address _____

Designated/Registered
Agent*

Mailing Address

City _____

State _____

Zip _____

**The designated/registered agent is the person designated to receive any legal documents served on your business.*

Contact Person**

Telephone No. () -

E-mail Address

Fax No. () -

***The contact person is the person the Department will call with any questions about the application.*

QUESTIONS

1. List all states where Company: (1) is licensed to do business; (2) has applications for licensure pending; and (3) has ever had an application for licensure denied. (Attach additional pages as necessary.)

STATE	LICENSE STATUS		
	<i>Active</i>	<i>Pending</i>	<i>Denied</i>
A.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Has the Company's license ever been suspended or revoked by any state(s)? Yes No

If "Yes," attach a detailed statement.

3. Has the Company ever been licensed in South Carolina? Yes No

If "Yes," give beginning and end dates and reason for withdrawal:

4. Is the Company a subsidiary, wholly or substantially, of another company? Yes No

If "Yes," give parent company's name, state of domicile, and nature of parent's principal business:

5. List all affiliated companies, if any, and indicate which are licensed in South Carolina. (Attach additional pages as necessary.)

Affiliate Company	Licensed in South Carolina?	
A.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. List companies which are owned or controlled, directly or indirectly, by the applicant Company.

A.) _____	D.) _____
B.) _____	E.) _____
C.) _____	F.) _____

7. List the names of officers and/or directors who beneficially own ten percent (10%) or more of the Company's stock and the amount owned by each at the date of this application.

Office/Director	Amount Owned
A.)	
B.)	
C.)	
D.)	
E.)	

8. Were any of the applicant Company's officers or directors associated as an officer or director with any company at the time that company's license was suspended or revoked or at the time that company was placed in receivership? Yes No

If "Yes," please attach a complete explanation, including but not limited to: names of the officer or director, name of the former company, dates, etc.

OTHER ATTACHMENTS: Please use the checklist below to verify your application is complete. Incomplete information could result in delay or denial of your application.

- \$500 Application Fee
- A bond in the amount of fifty-thousand dollars (\$50,000) or other securities, or Letter of Credit
- A certified copy of your charter, Articles of Incorporation and by-laws
- If a corporation, a certified copy of your Certificate of Existence from the South Carolina Secretary of State. Copies of articles and Certificate of Existence may be obtained by contacting the South Carolina Secretary of State's Office at (803) 734-2158. If you are a corporation not domiciled in South Carolina, you must apply for registration as a foreign corporation.
- A copy of your most recent financial statement, certified by two (2) principal officers; and
- Your plan of doing business to include:
 - 1) Membership application;
 - 2) Membership certificate and member identification card;
 - 3) Individuals insurance policy or group certificate; and
 - 4) Service contracts.

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature _____ Title _____
 Print Name _____ Date _____

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.