

**STATE OF SOUTH CAROLINA**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
**PROFESSIONAL EMPLOYER ORGANIZATIONS**



**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 40-68-10 et seq.  
[www.consumer.sc.gov](http://www.consumer.sc.gov)  
(803) 734-4200

**Street Address**  
293 Greystone Blvd., Suite 400  
Columbia, SC 29210

**INSURANCE SCHEDULE**

**PLANS OF INSURANCE OFFERED BY:**

<b>PEO or PEO Group</b>	<b>Date</b>
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*\*If your organization is a group, attach a list of all companies in the group (up to 5 companies) and the information below for each*

Carrier Name	Plan Type	
Policy Number	Effective Date	
Insurance Agent		
Business Address	Phone No.	
City	State	Zip

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Policy Number	Effective Date	
Insurance Agent		
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Business Address		Phone No.	
City		State	Zip

**This list should contain ALL plans offered by the PEO or PEO Group as of the date of filing. South Carolina Code § 40-68-110 requires licensees to notify all client companies and the Department in writing about a discontinuance and replacement of any health or workers' compensation insurance coverage no later than ten (10) business days after the discontinuance and before offering any replacement policy.**

**RELEASE**

I authorize the Department of Consumer Affairs to directly contact any insurance carrier or agent listed above to verify coverage, premium payment status, any disputed premium, and related matters. I hereby authorize each insurance carrier and agent to release the requested information to the Department, and hold them harmless for the release of this information subject to this release authorization. A photocopy of this release shall be as valid as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(SEAL)

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

My Commission Expires:  
\_\_\_\_\_

**The completed Application should be submitted to:**  
South Carolina Department of Consumer Affairs  
Attn: PEO Licensing

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Columbia, SC 29250-5757

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**Do not fax this form. An original, signed and notarized form is required.**

**The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.**