



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

APPLICATION FOR CERTIFICATE OF AUTHORITY MOTOR CLUB SERVICES

Mailing Address

P.O. Box 5246
Columbia, SC 29250-5246

S.C. Code Ann. § 39-61-40 et seq.

www.sccconsumer.gov
803-734-4253/800-922-1594

Street Address

3600 Forest Drive
Columbia, SC 29204-4006

Company Name _____
 Street Address _____
 Mailing Address _____
 City/State/Zip _____
 Executive home office address _____
 if different than above _____

1. Company is licensed to do business in the following states:

a. _____ d. _____
 b. _____ e. _____
 c. _____ f. _____

2. Company has applications pending in the following states:

a. _____ d. _____
 b. _____ e. _____
 c. _____ f. _____

3. Has the company's license ever been suspended or revoked by any state or states? If yes, attach detailed statement. Yes No

4. In what state(s) has the company's application ever been denied?

a. _____ d. _____
 b. _____ e. _____
 c. _____ f. _____

5. Has the company ever been licensed in South Carolina? If yes, give dates and reason for withdrawal. Yes No

Dates	Reason
_____	_____
_____	_____
_____	_____

6. List names of affiliated companies, if any, and indicate which are licensed in South Carolina.

Affiliates	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

7. List companies which are owned or controlled, directly or indirectly by applicant company.

a. _____	d. _____
b. _____	e. _____
c. _____	f. _____

8. If applicant company is a subsidiary, wholly or substantially, of another company, give parent company's names, state of domicile and nature of parent's principal business.

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	State	Nature of principal business
_____	_____	_____

9. List the names of officers and/or directors who beneficially own 10% or more of the company's stock and the amount owned by each at the date of this application

	Officer/Director	Amount Owned
a.	_____	_____
b.	_____	_____
c.	_____	_____

10. Were any of the applicant company's officers or directors associated as an officer or director with any company at the time said company's license was suspended or revoked or at the time said company was placed in receivership? If yes, please attach a complete explanation, giving names of officer or director, name of former company, etc.

Yes No

PLEASE SUBMIT THE FOLLOWING WITH YOUR INITIAL APPLICATION

- a. A certified copy of your charter, articles of incorporation and by-laws.
- b. 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.
- c. A copy of your most recent financial statement, certified by two principal officers.
- d. Your plan of doing business to include:
 - 1. Membership application;
 - 2. Membership certificate and member identification card;
 - 3. Individual insurance policy or group certificate; and
 - 4. Service contracts.

THIS APPLICATION MUST BE ACCOMPANIED BY A CERTIFICATE OF AUTHORITY FEE IN THE AMOUNT OF \$500.00 AND A BOND IN THE AMOUNT OF \$50,000 OR OTHER SECURITIES, OR LETTER OF CREDIT. FAILURE TO REMIT THE FEE WILL RESULT IN RETURN OF THE APPLICATION. REMIT FEE AND APPLICATION MATERIALS TO:

**SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS
P.O. BOX 5757
COLUMBIA, SC 29250-5757**

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

KNOW ALL MEN BY THESE PRESENTS, That _____,
a corporation not domiciled in this State having a certificate of authority to transact business in
this State hereinafter called Corporation, has made, constituted and appointed, and does hereby
make and constitute and appoint the Administrator, Department of Consumer Affairs of the State
of South Carolina, and his successors in office, to be its true and lawful attorney upon whom all
legal process in any action or proceeding against it shall be served and further agrees that any
lawful process against it which is served upon such attorney shall be of the same legal force and
validity as if served upon the Corporation.

GIVING AND GRANTING UNTO THE SAID Administrator and his successors, full power and
authority to do and perform every act and thing necessary as the Corporation might or could do
if personally present, and hereby ratifying and confirming all that which the Administrator shall
lawfully do or cause to be done by this power granted to him and his successors. This instrument
shall be construed as to constitute full compliance with Section 30-61-90 of the South Carolina
Code, 1976 and shall be executed pursuant thereto.

IN WITNESS WHEREOF, said Corporation in pursuance of a resolution duly adopted by its
Board of Directors, has caused this instrument to be executed in its name by its President and
Secretary, and its corporate seal to be hereunto affixed at the City of _____,
State of _____, this _____ day of _____. 20____.

Attest:

SECRETARY

(Name of Corporation)

By:

PRESIDENT

STATE OF)
) ss.
COUNTY OF)

This certifies that on the ____ day of _____, 20____, before the undersigned Notary Public in and for the said County and State, personally appeared the above-named _____, known to me to be the President and _____, the Corporation mentioned in and which executed the foregoing power of attorney, and severally acknowledged that they executed the same by authority and in behalf of said Corporation, pursuant to a resolution of the Board of Directors of said Corporation duly adopted on the ____ day of _____, 20____; and _____, the Secretary of said Corporation, further acknowledged that the corporate seal thereto attached and impressed there in is the corporate seal of said Corporation and was affixed thereto by him.

INTESTIMONY WHEREOF, I have hereunto set my hand and notarial seal the ____ day of _____, 20____.

My Commission Expires _____

Notary Public

State of _____