



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.sccconsumer.gov
(803) 734-4200

Street Address
2221 Devine St. Suite 200
Columbia, SC 29205

INSURANCE CERTIFICATION

(Please type or print in black ink)

I, \_\_\_\_\_ president and owner of \_\_\_\_\_
a Professional Employer Organization (PEO), as defined in South Carolina Code § 40-68-10, et. seq., which is
preparing to do business in the State of South Carolina, hereby certify that the above named PEO will not offer
any self or partially self-funded plans of insurance for workers' compensation, health, life or disability to any
employee in the State of South Carolina. I understand that ERISA plans are not acceptable as fully insured
health/medical plans for PEOs in South Carolina, and that no insurance plan may be offered to client
companies and leased employees without prior approval from this Department.

I swear or affirm and certify that I have completed and/or reviewed all information on this form and submitted
with this Application, and to the best of my knowledge and belief, all information contained herein is true,
correct and complete; and that there are no material omissions of fact which would have a bearing upon the
South Carolina Department of Consumer Affairs' decision to grant the requested license. I further certify that
I understand that giving false information constitutes cause for denial or revocation of the application and
subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and
correct this information as it changes.

Signature

Date

SWORN TO AND SUBSCRIBED before me

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

(SEAL)

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

My Commission Expires:

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