



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

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_____

Notary Public For _____

(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_____

Notary Public For _____

(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_____

Notary Public For _____

(SEAL)

Notary Public For _____

My Commission Expires: