



Exam Registration Form

for South Carolina Insurance Examinations

Last Name	First Name	Middle Name	Social Security Number
Residence Address (Street or P.O. Box)			Daytime Phone (including area code) ()
City	State	ZIP Code	Evening Phone (including area code) ()
Employer (insurance company)			Fax (including area code) ()

This form is Page 21 of the South Carolina Licensing Information Bulletin. We recommend you read the entire bulletin.

Series	Exam Title	Exam Fee	Total
19-01	Producer’s Life Insurance	\$51	\$
19-02	Producer’s Accident and Health Insurance	\$51	\$
19-03	Producer’s Life, Accident and Health Insurance	\$51	\$
19-04	Producer’s Property, Casualty, Surety and Marine Insurance	\$51	\$
19-05	Producer’s Property Insurance	\$51	\$
19-06	Producer’s Casualty Insurance	\$51	\$
19-07	Producer’s Variable Contracts	\$51	\$
19-08	Producer’s Surety Insurance	\$51	\$
19-10	Producer’s Title Insurance	\$51	\$
19-11	Adjuster’s Property, Casualty, Surety and Marine Insurance	\$51	\$
19-13	Adjuster’s Crop Insurance	\$51	\$
19-14	Public Adjuster’s	\$51	\$
19-15	Motor Vehicle Damage Appraiser	\$51	\$
19-16	Professional Bondsman/Runner	\$51	\$
19-17	Producer’s Personal Lines Insurance	\$51	\$
19-22	Producer’s Crop Insurance	\$51	\$
19-23	Adjuster’s Personal Lines Insurance	\$51	\$
19-24	Adjuster’s Commercial Lines insurance	\$51	\$
19-25	Adjuster’s Workers Compensation Insurance	\$51	\$
19-26	Surplus Lines Insurance Broker	\$51	\$
By filing this registration, you assume full responsibility for exam selection. Fees for these exams are not refundable and not transferable. If you are unsure which exam is needed for the license you are seeking, resolve this question before you register. Exam fees are valid for 90 days from receipt at Prometric.		Total Fee	\$

Fee may be paid by cashier’s check, company check, money order, MasterCard or Visa. Make checks payable to Prometric. Please put your Social Security number on the check. Personal checks and cash are not accepted. Registration fees are not refundable. Testing fees are determined by the State of South Carolina and are subject to contractual change without notice. To pay by credit card, please complete the information below. To express register, visit our Web site at www.prometric.com/southcarolina, call 800.490.6548 or fax this completed form to 800.347.9242. To register by mail, send this completed form along with the appropriate fee to:

Prometric, ATTN: SC Insurance Exam Registration, 1260 Energy Lane , St. Paul, MN 55108

Card Type (Check One) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card Number	Expiration Date
Name of Cardholder (Print)		Signature of Cardholder