PRODUCER OF RECORD QUALIFYING STATEMENT
SOUTH CAROLINA COMMERCIAL AUTOMOBILE INSURANCE PLAN

The following must give the name or names of the Commercial Automobile Liability Insurers to which the following agency is voluntary licensed directly, on a contractual basis, to submit Commercial Automobile Liability applications:

NAME OF AGENCY _____

STREET ADDRESS _____

P.O. BOX NUMBER _____

CITY, STATE _____

ZIP CODE _____

PHONE NUMBER _____

SOCIAL SECURITY # _____
(of licensed agent signing this form)

Names of Commercial Automobile Insurers in the order of the amount of premium submitted to each.

1.
2.
3.
4.

This form must be signed by a principal owner, executive officer or partner in the Agency.

DATE	SIGNATURE	TITLE