



South Carolina Department of Insurance
 1201 Main Street Suite 1000
 Columbia, SC 29201

Mailing Address

P.O. Box 100105
 Columbia, SC 29202

Surety Bondsman Monthly Bond Report

Name: _____ Business Telephone: _____

Business Address: _____

Email Address: _____

County: _____

Period: _____ - _____

This Report must be furnished to the Surety Insurer.

Defendant	The Date & Amount of Bond posted by Surety Bondsman		Name & Location of Court in which Bond was Posted	Fee Charged for each Bond	Case Number	Other Fees*	Power number
	Date	Amount					
Totals for this Page		\$		\$			

*38-53-310 (c)(7): "any current data on monies to be collected and retained as an express condition of the bond, whether for electronic monitoring or otherwise."

Affidavit

I, _____, (_____) being first duly sworn, state that this report is
Print Name License Number
a complete, true, and correct statement of my activities as a surety bondsman for the past thirty-day period and accurately reflects all bonds written by me. This report is being submitted in accordance with South Carolina Code Law 38-53-310.

I understand that any false, incomplete, or deceptive representation herein constitutes good and sufficient cause for revocation of my bondsman license and any other license(s) issued by the SC DOI.

Total Bond Amount Written This Month \$ _____ and Total Fees Charged This Month \$ _____

I authorize any person to disclose to the South Carolina Department of Insurance any information regarding bail bonds written by me and collateral accepted by me.

Signed: _____

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