

South Carolina Department of Labor, Licensing and Regulation

South Carolina Real Estate Appraisers Board

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BOND CLAIM FORM

To (Surety):	Date of Bond Claim:	
Name of Complainant:		
Address of Complainant:		
Bond Number:		
Surety Company Name and Address:		
Appraisal Management Company/Principal Name:		
Address:		
Registration Number:		\$(Actual damages only)
Date of Appraisal Assignment (Provide a copy of written		
Brief description of the allegations giving rise to the bo	and claim (Attached additional r	nages if necessary)