



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Real Estate Appraisers Board**

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[www.llr.sc.gov/POL/REAB/](http://www.llr.sc.gov/POL/REAB/)



**BOND CLAIM FORM**

To (Surety): \_\_\_\_\_ Date of Bond Claim: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

Bond Number: \_\_\_\_\_ Effective Date of Bond: \_\_\_\_\_

Surety Company Name and Address: \_\_\_\_\_

**Appraisal Management Company/Principal Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Amount of Claim Requested: \$ \_\_\_\_\_  
(Actual damages only)

Date of Appraisal Assignment (Provide a copy of written terms if available): \_\_\_\_\_

Brief description of the allegations giving rise to the bond claim (Attached additional pages if necessary)