



FORM 7A CORPORATE GUARANTY

PLEASE COMPLETE THIS FORM **ONLY** WHEN ADDING A SUBSIDIARY TO A SELF-INSURED'S PROGRAM. IF THERE ARE MORE THAN ONE SUBSIDIARY'S BEING ADDED AT A TIME, PLEASE USE A SEPARATE FORM FOR EACH ONE. **PLEASE REMEMBER TO ATTACH A \$100 APPLICATION FEE AT THE TIME OF SUBMISSION IF YOU ARE ADDING A NEW SUBSIDIARY.**

Section I. **Self-Insured Parent Company:**

- A. Name of Self-Insured Parent: _____
- B. Address of Self-Insured: _____
- C. Self-Insured Carrier #: _____
- D. FEIN of Self-Insured: _____

Section II. **Subsidiary to be added:**

- A. Name of Subsidiary: _____
- B. Physical Address of Subsidiary: _____
- C. Mailing Address of Subsidiary (if different): _____
- D. FEIN of Subsidiary: _____



We, _____ (hereinafter referred to as "Parent Company"), a corporation existing under and by virtue of the laws of the State of _____ (State Parent Company is registered in), do hereby guarantee payment by _____ (hereinafter referred to as "Subsidiary"), of the compensation of benefits under the provisions of the Workers' Compensation Act of the state of South Carolina, in the event that the Subsidiary shall not pay or cause to be paid direct to its employees, the compensation due or that may become due under the Workers' Compensation Act of the state of South Carolina, that the Parent Company covenants and agrees that it will pay all such employees of the Subsidiary, such compensation, including a reasonable attorney's fee incurred by an employee in any action brought on this agreement. The Parent Company does hereby recognize this agreement as a direct financial guarantee to employees, provided further, the Parent Company shall have a right to cancel and terminate this agreement at any time upon giving the South Carolina Workers' Compensation Commission and the Subsidiary at least sixty days written notice of its desire so to do; such cancellation, however, not to affect its liability as to any compensation for injuries occurring prior to ten days after the date of the cancellation specified in such notice. This agreement shall be effective as of the _____ day of _____, 20____.

I certify and attest under penalty of perjury under South Carolina laws, that I have thoroughly reviewed the information above and know its content to be true, accurate, and complete.

Print Name & Title

Date

Signature

Reserved for Commission Use Only		
Approved by: _____	Effective Date: _____	Carrier #: _____