STATE OF SOUTH CAROLINA
NON-PARTICIPATING MANUFACTURER BOND
2016

NON-PARTICIPATING MANUFACTURER IDENTIFICATION:			
Business Name:			Date:
Address:			
City:	State:	Zip:	Country:
Telephone Number:	Fax Number:		E-Mail Address:
Contact Person:			

BONDING COMPANY INFORMATION:			
Business Name:			Contact Person:
Address:			
Address (line 2):			
City:	State:	Zip:	Country:
Telephone Number:	Fax Number:		E-Mail Address:

BOND NUMBER:

BOND ASSURANCES:

WHEREAS, pursuant to the South Carolina Tobacco Escrow Fund Act (S.C. Code Ann. Section 11-47-10, et seq.), the Tobacco Escrow Fund Enforcement Act (S.C. Code Ann. Section 11-48-10, et seq.), and Regulations promulgated there-under (S.C. Code of Regulations Ch. 13, Art. 3), to be listed on the South Carolina Tobacco Directory, a newly qualified or elevated risk Non-Participating Manufacturer must post a bond in favor of the State of South Carolina, conditioned upon performance by the Non-Participating Manufacturer of all of its duties and obligations under the South Carolina Tobacco Escrow Fund Act (S.C. Code Ann. Section 11-47-10, et seq.), the Tobacco Escrow Fund Enforcement Act (S.C. Code Ann. Section 11-48-10, et seq.), and Regulations promulgated thereunder (S.C. Code of Regulations Ch. 13, Art. 3).

KNOW ALL PEOPLE BY THIS DOCUMENT, that we _____
(Name of Non-Participating Manufacturer)

of _____ and _____
(Physical Address of Non-Participating Manufacturer) *(Name of Bonding Company)*

of _____, as surety authorized to transact business in South Carolina, are held
(Physical Address of Bonding Company)

and firmly bound unto the STATE OF SOUTH CAROLINA in the full and just sum of $ _____.
(Amount of Bond)

By the execution of this document, we hereby bind ourselves, our heirs, administrators, executors, successors, and assigns firmly to the payment of the bond amount outlined herein.

NOW THEREFORE, the condition of this obligation is such that if the above named Non-Participating Manufacturer shall faithfully and truly fulfill all of its duties and obligations under the South Carolina Tobacco Escrow Fund Act (S.C. Code Ann. Section 11-47-10, et seq.), the Tobacco Escrow Fund Enforcement Act (S.C. Code Ann. Section 11-48-10, et seq.), and Regulations promulgated thereunder (S.C. Code of Regulations Ch. 13, Art. 3), then the bond obligation shall be satisfied, although such document shall remain in full force and effect. If, however, the above-named Non-Participating Manufacturer fails to faithfully and truly fulfill all of its duties and obligations under the South Carolina Tobacco Escrow Fund Act (S.C. Code Ann. Section 11-47-10, et seq.), the Tobacco Escrow Fund Enforcement Act (S.C. Code Ann. Section 11-48-10, et seq.), and Regulations promulgated thereunder (S.C. Code of Regulations Ch. 13, Art. 3), the State of South Carolina may execute any judgment upon this bond. The aggregate accumulated liability under this bond shall in no event exceed the penal sum named herein, for any and all claims which may accrue during the term of this instrument.

This bond shall become effective on _____, and continues in effect until the Surety
(Date)
withdraws from this bond by giving 60 days advance notice by registered mail to the Office of the South Carolina Attorney General, Tobacco Enforcement Unit, 1000 Assembly Street, Columbia, South Carolina 29201. Such withdrawal shall not release said Surety from any liability existing hereunder at the time of the effective date of the said withdrawal and further provided that said 60 days shall begin to run on the day following receipt of notice by the Office of the South Carolina Attorney General. More particularly, all obligations existing on the effective date of the Surety's withdrawal, including, but not limited to any escrow obligations, penalties, costs, and attorney's fees, shall continue to be protected by this bond, even though no cause of action has accrued at the time of the withdrawal, until the running of the statute of limitations on actions claiming against this bond.

NON-PARTICIPATING MANUFACTURER DESIGNEE:	
Authorized Designee: _____	Title: _____
_____ *(Designee Signature)*	Date: _____
BONDING COMPANY DESIGNEE:	
Authorized Designee: _____	Title: _____
_____ *(Designee Signature)*	Date: _____
NOTARY:	

Sworn to and subscribed before me on this day ___ of _____, 2016.

(Seal)

_____
Notary Public

My commission expires: _____

Please Mail to:

South Carolina Office of the Attorney General
Tobacco Enforcement Unit
P.O. Box 11549
Columbia, SC 29211