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AGREEMENT TO PAY PREMIUMS AND REASONABLE ATTORNEY'S FEES AND COSTS WHICH MAY BE INCURRED IN COLLECTION OF SUCH PREMIUMS

(To be completed by all applicants)

In order to induce the South Carolina Home Builders Self Insurers Fund of Columbia, South Carolina to accept _____ as a member and an insured, the undersigned agrees to pay any and all premiums due or which become due from the undersigned to the South Carolina Home Builders Self Insurers Fund of Columbia, South Carolina, including reasonable attorney's fees and all costs which might be incurred in the collection of such premiums. The undersigned agrees that this agreement includes all past due balances, current balances, and future balances hereafter incurred by the undersigned.

Executed this _____ day of _____, _____.
(month) (year)

Applicant's Name:_____(SEAL)

Resident Address: _____
Resident Phone #_____

Signature: _____

PERSONAL GUARANTY

(to be completed by applicants who are corporations, limited liability companies, limited liability partnerships, or partnerships)

In order to induce the South Carolina Home Builders Self Insurers Fund of Columbia, South Carolina to accept _____ as a member and as an insured, I / we hereby, personally and individually guarantee the payment of any premiums due or to become due by the company above listed to South Carolina Home Builders Self Insurers Fund, including reasonable attorney's fees which might be incurred in the collection of such premiums. This guaranty shall include all past due balances, current balances, and future balances hereinafter incurred by _____.

This guaranty shall remain in full force and effect until revoked in writing by the maker hereof in the same manner by which this guaranty has been made.

Executed this _____ day of _____, _____.
(month) (year)

Individually and as Guarantor(s): (Must include social security numbers and dates of birth for all guarantors.)

GUARANTOR(s):

Signature:_____(SEAL)

Name:_____

Resident Address: _____
Resident Phone # _____

SSN:_____ DOB:_____

Signature:_____(SEAL)

Name:

Resident Address: _____
Resident Phone #: _____

SSN:_____DOB: _____

Submit Cancel