



South Carolina Department of Motor Vehicles
EXCLUSION OF INSURANCE

FR-9B
(Rev 10/2020)

Complete this form if your insurance company has instructed you to do so. After this form is completed, and the requirements are met, the insurance company may exclude the individual named below from your liability insurance policy. (SC Code Section 38-77-340)

In accordance with SC Code Section 38-77-340, I hereby request that the department furnish proof that the individual listed below has surrendered their SC Driver License or obtained proof of insurance. Please check the box that applies to you.

- Provide a letter certifying the driver license has been surrendered to the SC Department of Motor Vehicles.

Name: _____

Address: _____

Driver License Number: _____

Date of Birth: _____

- Provide a letter certifying proof of insurance coverage is on file in the name of the person below to be excluded.

Name: _____

Address: _____

Vehicle Year / Make: _____

Vehicle Identification Number (VIN): _____

Vehicle License Plate Number: _____

Signature: _____ Date: _____

Mail To: SC Department of Motor Vehicles
Financial Responsibility
PO BOX 1498
Blythewood, SC 29016-0040