What does it mean to register as an uninsured motorist?

Beginning February 1, 1999, South Carolina Law allows an owner to register as an uninsured motorist. The fee is \$550.00 annually for the *privilege* to drive an uninsured motor vehicle on South Carolina roads. An uninsured motorist registration is not an insurance policy.

Do I qualify to register as an uninsured motorist?

If you and every driver in your household has held a driver's license for three or more years, you may qualify to register as an uninsured motorist. However, you are not qualified to participate if you (the owner) are presently required to file SR-22 insurance or have been convicted of any of the following violations or occurrences within the past three years:

- 1. Disobeying any official traffic device or officer directing traffic
- 2. Failing to stop for a law enforcement officer when signaled
- 3. Failing to stop for a school bus
- 4. Leaving the scene of an accident resulting in injury or property damage
- 5. Theft or unlawful taking of a vehicle
- 6. Racing on public highways
- 7. Driving under the influence or alcohol or drugs
- 8. Reckless driving
- 9. Reckless homicide, or assault involving the operation of a motor vehicle
- 10. Felony involving the use of a motor vehicle
- 11. Transporting illegal whiskey, unlawful drugs, or other controlled or narcotic substances
- 12. Willfully making false statements when applying for a license or registration
- 13. Impersonating an applicant or obtaining a license or registration by impersonating himself or another
- 14. Three or more moving traffic violations
- 15. Two or more accidents that resulted in injury exceeding \$600 or property damage exceeding \$1,000.

Application for Uninsured Motorist Registration Ref. 502

THIS \$550 FEE IS NOT AN INSURANCE PREMIUM AND YOU ARE NOT PURCHASING ANY INSURANCE BY PAYING THIS FEE. THIS \$550 UNINSURED MOTORIST FEE IS FOR THE PRIVILEGE TO DRIVE AND OPERATE AN UNINSURED MOTOR VEHICLE ON THE SOUTH CAROLINA ROADS.

Address		
City	State	Zip Code
Driver License No.(s)	License Plate No.	Expiration Month/Ye
All Drivers Residing in Household Name	l: Driver License No.	Date of Birth
2		
3		
	icted of any of these violations	the preceding page. I s, my privilege to participa
in the program will be revok I have truthfully listed all the drivers have been licensed to and a member of my househ stand that my privilege to pa revoked. At such time, I will return my vehicle license pla	icted of any of these violations ced. e drivers residing in my housel o drive for three or more years nold becomes licensed for less articipate in the uninsured moto Il be required to obtain liability ates to the department. tion given on this application is	s, my privilege to participa hold and certify that all . If circumstances change than three years, I under- prist program will be v insurance immediately o
in the program will be revok I have truthfully listed all the drivers have been licensed to and a member of my househ stand that my privilege to pa revoked. At such time, I will return my vehicle license pla I certify that all the information	icted of any of these violations ced. e drivers residing in my housel o drive for three or more years nold becomes licensed for less articipate in the uninsured moto Il be required to obtain liability ates to the department. tion given on this application is	s, my privilege to participa hold and certify that all . If circumstances change than three years, I under- prist program will be v insurance immediately o
in the program will be revok I have truthfully listed all the drivers have been licensed to and a member of my househ stand that my privilege to pa revoked. At such time, I will return my vehicle license pla I certify that all the informate eligible to participate in this	icted of any of these violations ced. e drivers residing in my housel o drive for three or more years nold becomes licensed for less articipate in the uninsured moto Il be required to obtain liability ates to the department. tion given on this application is	s, my privilege to participa hold and certify that all . If circumstances change than three years, I under- prist program will be y insurance immediately o s true and correct and I an
in the program will be revok I have truthfully listed all th drivers have been licensed to and a member of my househ stand that my privilege to pa revoked. At such time, I will return my vehicle license pla I certify that all the informat eligible to participate in this Signature of Applicant(s)	icted of any of these violations ced. e drivers residing in my housel o drive for three or more years hold becomes licensed for less articipate in the uninsured moto Il be required to obtain liability ates to the department. tion given on this application is program. DMV USE ONLY ns that this information was ex	s, my privilege to participa hold and certify that all . If circumstances change than three years, I under- prist program will be <i>y</i> insurance immediately of s true and correct and I and Date
in the program will be revok I have truthfully listed all the drivers have been licensed to and a member of my househ stand that my privilege to par revoked. At such time, I will return my vehicle license pla I certify that all the informate eligible to participate in this Signature of Applicant(s) My signature below confirm	icted of any of these violations ced. e drivers residing in my housel o drive for three or more years hold becomes licensed for less articipate in the uninsured moto Il be required to obtain liability ates to the department. tion given on this application is program. DMV USE ONLY ns that this information was ex	s, my privilege to participa hold and certify that all . If circumstances change than three years, I under- prist program will be <i>y</i> insurance immediately o s true and correct and I an Date



DMV... Working to Serve You Better

Please Contact Us For More Information



Write to us at: S. C. Department of Motor Vehicles Financial Responsibility Office Post Office Box 1498 Blythewood, S.C. 29016



For more information about registering as an Uninsured Motorist, call (803) 896-5000

For general information, call our 24 hour Information Line:

In the Columbia Area (803) 896-5000

Or Toll Free 1-800-442-1DMV



Visit our website: www.scdmvonline.com



Registering as an Uninsured Motorist



South Carolina Department of Motor Vehicles