THE COMMONWEALTH OF MASSACHUSETTS
Division of Insurance

1000 Washington St, Suite 810 Boston, Massachusetts 02118-6200

RENEWAL APPLICATION - PORTABLE ELECTRONIC INSURANCE VENDOR LIMITED LINES LICENSE FOR INDIVIDUALS AND BUSINESS ENTITIES

INSTRUCTIONS -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
- Sign and date the application.
- Return this application with a check made payable to the Commonwealth of Massachusetts in the amount of $500.00:
- **NOTE: Application fees are not refundable.**

If you have any questions or need assistance, please contact Licensing at (617) 521-7794.
The application form with your check should be mailed to:
Division of Insurance
Producer Licensing Department
1000 Washington St, Suite 810
Boston, Massachusetts 02118 - 6200

Any false statement in this application is punishable as perjury under Ch. 268 Mass. General Laws and may result in the revocation of your license(s)

Please Print or Type

To the Commissioner of Insurance:

Application is hereby made to RENEW a Portable Electronics Insurance Limited Lines license issued to:

Applicant Name	Incorporation/Formation Date (month) ___(day) ___(year) _____	FEIN or SSN -
DBA/Trade Name (if applicable)	State of Domicile	Business Web Site Address

Business Address	City	State	Zip or Foreign Country

Phone Number ( ) -	Fax Number ( ) -	Business E-Mail Address

Mailing Address	P.O. Box	City	State	Zip or Foreign Country

IF CHANGED, PLEASE PROVIDE THE NAME AND ADDRESS OF EMPLOYEE, OF THE APPLICANT WHO IS THE PERSON DESIGNATED AS BEING RESPONSIBLE FOR THE APPLICANT'S COMPLIANCE WITH M.G.L. C. 175, §162Y.

Designated responsible party:_____NAIC/NPN_____

Supervising Entity _____

Resident address _____City_____State____ Zip_____

Principal mailing address: _____

City _____ State_____ Zip _____

Business Phone: _____ E-Mail: _____

MA Licensed Insurer of Product _____

OWNERS, PARTNERS, OFFICERS AND DIRECTORS

BACKGROUND INFORMATION

PLEASE READ THE FOLLOWING VERY CAREFULLY AND ANSWER EVERY QUESTION:

1. Has the applicant or any owner, partner, officer or director been convicted of, or is the applicant or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld which has not been previously reported to this insurance department? YES ___ NO___

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

a) a written statement explaining the circumstances of each incident,
b) a copy of the charging document, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the applicant or any owner, partner, officer or director been involved in an administrative proceeding regarding any professional or occupational license which has not been previously reported to this insurance department? YES ___ NO___

"Involved" means having a license censured, suspended, revoked, canceled, and terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

a) a written statement identifying the type of license and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the applicant or any owner, partner, officer or director for overdue monies by an insurer, insured, producer, or anyone else or have you been subject to a bankruptcy proceeding which has not been previously reported to this insurance department? Yes ___ No___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the applicant or any owner, partner, officer or director been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement which has not been previously reported to this insurance department? Yes ___ No___

   If you answer yes, identify the jurisdiction(s): _____

5. Is the applicant or any owner, partner, officer or director a party to, or been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty which has not been previously reported to this insurance department? Yes ___ No___

   If you answer yes, you must attach to this application:
   a) a written statement summarizing the details of each incident,
   b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration and
   c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

6. Has the applicant or any owner, partner, officer or director had a contract or any other business relationship terminated for any alleged misconduct which has not been previously reported to this insurance department? Yes ___ No___

   If you answer yes, you must attach to this application:
   a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
   b) copies of all relevant documents.

ATTACHMENTS FOR RENEWAL APPLICATION

IF CHANGED since your previous application, please update the following documents:

1. A copy of the certificate, endorsement, brochure, or other evidence setting forth the terms and conditions of the portable electronics insurance policy that is provided to each enrolled customer.

2. List of vendor locations in the Commonwealth of Massachusetts (Attach a separate sheet if needed)

Applicant's Certification and Attestation

The applicant or, on behalf of the applicant, the undersigned hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties. At any time, if any of the information in this application changes, I will notify the Division of Insurance within 30 days.
2. Unless provided otherwise by law or regulation, a non-resident applicant hereby designates the Commissioner of Insurance to be its agent for service of process regarding all portable electronic insurance matters in Massachusetts and agrees that service upon the Commissioner is of the same legal force and validity as personal service upon the non-resident licensee.
3. The applicant grants permission to the Commissioner of Insurance to verify any information supplied with any federal, state or local government agency or a current or former employer.
4. An individual applicant and every owner, partner, officer, director or member of a business entity applicant either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the Commonwealth of Massachusetts to which this application is made to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdiction and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the portable electronic insurance laws and regulations of the Commonwealth of Massachusetts.

Must be signed by an individual applicant or, if a business entity applicant, an officer, director, or partner of the business entity, or member or manager if a limited liability company:

_____ Full signature

_____ Print name

_____ Title (if applicable)

_____ Date