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**THE COMMONWEALTH OF MASSACHUSETTS**  
**Division of Insurance**

1000 Washington St, Suite 810

Boston, Massachusetts 02118-6200

**APPLICATION FOR AUTOMOBILE CLUB LICENSE**

License Fee \$200.00

All answers on this application must be typewritten or printed in ink. A duly authorized officer of the Club must sign the application in the space provided.

To the Commissioner of Insurance:

The undersigned office of the Automobile Club named herein hereby makes application for an Automobile Club licensee under Chapter 754 of the Acts 1972.

1. Name of Applicant(s)      Home Address      Social Security or Fed.ID.#

_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Name of Club

\_\_\_\_\_

Social Security \$ or Fed.ID. \_\_\_\_\_

3. Home Office \_\_\_\_\_  
                            No. Street                      City or Town                      State      Zip Code

4. Name and Address of Massachusetts Branch of Club

_____	_____	_____	_____	_____	_____
Name	Address	City or Town	State	Zip Code	Tel #.

5. Person or persons authorized to act in the name of the Club in Massachusetts.

_____	_____	_____	_____
Name	Home Address	City or Town	Tel. No.
_____			
_____			

6. Does the Club offer Accident and Sickness or Death Insurance Benefits and/or Bail Bond Service Benefits to its Members? \_\_\_\_\_ (If the answer is "yes" file all Automobile Club literature describing benefits to members with application.)

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7. Identify the insurance company with which the club has contracted to provide its Members with Accident and Sickness or Death Insurance benefits and/or Bail Bond Service Benefits. (To meet licensing requirements, the insurance company must be authorized or licensed to do business in Massachusetts.)

Accident and Sickness  
or Death Insurance \_\_\_\_\_  
Name of Company

Bail Bond Coverage \_\_\_\_\_  
Name of Company

8. Has the applicant or any office or agent of the Club been convicted of any violation of last during the last 5 years? (Do not include minor traffic violations.) If the answer is "yes" attach statement of details. Yes or No \_\_\_\_\_

Identify all such licenses; the name of licensees; and the year first issued.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the applicant or any officer or agent of the Club hold any license granted by the Commissioner or license of the Commonwealth of Massachusetts?

\_\_\_\_\_  
Yes or No

Identify all such licenses; the name of licensees; and the year first issued.

\_\_\_\_\_  
\_\_\_\_\_

10. Has any license been granted by the Commissioner of Insurance of this Commonwealth or of any state to the applicant or any officer or agent of the Club ever been canceled, suspended or revoked? \_\_\_\_\_ If answer is "yes", please attach statement giving full details for the action taken by the Insurance Commissioner.

11. Is the Club licensed or operating in any other state? \_\_\_\_\_ Where?  
State all addresses

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I/We warrant the truth of the foregoing statements and declare that they were made under penalties of perjury.

Dated: \_\_\_\_\_ Applicant(s) \_\_\_\_\_

I/We, the duly authorized officer(s) of the \_\_\_\_\_  
Name of Automobile Club

Do hereby appoint the Commissioner of Insurance as my/our attorney to accept service of process.

Signature \_\_\_\_\_