THE COMMONWEALTH OF MASSACHUSETTS
Division of Insurance

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

APPLICATION FOR SURPLUS LINES BROKER LICENSE – CORPORATIONS, PARTNERSHIPS, & LIMITED LIABILITY COMPANIES

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

- Answer every question accurately and completely. Incomplete applications will be returned.
- **Currently hold a Business Entity Property & Casualty Producer License**
- Each individual to be listed on this application must be individually licensed as a Surplus Lines Broker
- Submit an application for each licensed individual who holds a Property & Casualty Producer License with authority to solicit surplus lines business for the Business Entity.
- Complete one application per licensed individual (member) with a check for $150.00 per individual (member) made payable to the Division of Insurance
- Sign and date the application(s)

Note: Fees are Non-Refundable.

Non-Residents:

- Must currently hold a Non-Resident Property & Casualty Producer License or currently hold a Surplus Lines Broker License in their home state.
- Licensure must be verifiable through the NAIC Producer Database (PDB) or a home state Letter of Certification must be dated within 90 days

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 Section
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: Fed ID # _____

Application is hereby made for a Business Entity Surplus Lines Insurance Broker License issued to:

_____

Insert exact name of the Corporation, Partnership or LLC as it will appear on the license. **You may only solicit business in the name shown above**. Insurance will be solicited in behalf of and in the name designated above by:

_____

_____

Specify only Officers, Directors, Partners, or members with authority to solicit, list their names and all of the titles of office held by each person. Complete one of these applications for each person named above.

1. Full Legal Name: _____
   Last First Middle Jr./Sr.
2. Social Security #: _____ 3. Date of Birth: / /
4. Home Address: _____ 5. Tel # ( )
   Street City State Zip
6. Business Address: _____ 7. Tel # ( )
   Street City State Zip
8. Lines of Insurance: [ ] Property & Casualty
9. Residence (last 5 Years): _____
   Street City State Zip

10. Occupation (last 5 Years):

From / / to / / Duties or Title: _____

Employer's Name: _____

Address: _____

Street City State Zip

11. Do you engage in any business other than insurance? [ ] Yes [ ] No

If YES, please describe (include amount of time spent): _____

12. I have had _____ Years experience as a licensed insurance agent or broker. (Give full details as to experience and licenses held).

13. Has any insurance commissioner or department ever suspended, cancelled, or revoked any license issued to you as an agent, broker, producer or motor vehicle damage appraiser, or ever refused to issue or renew any such license, or have you ever surrendered any such license or has any insurance company cancelled any contract of employment or an appointment of, or a license to you as its producer for any reason, or has any other public official or court ever suspended, cancelled or revoked any license or authority of any kind issued to you to pursue any trade, calling, or profession or refused to issue or renew any such license or authority or discharged or removed you from any public office or position?

[ ] Yes [ ] No (If YES, attach details)

14. Have you ever filed a petition or have you been petitioned into bankruptcy or insolvency, or have you ever made any assignment for the benefit of, or any composition with your creditors, or have you ever been under guardianship or other legal disability?

[ ] Yes [ ] No (If YES, attach details)

15. Is any company, agent or broker claiming that you are now indebted to them for overdue collected insurance premiums?

[ ] Yes [ ] No (If YES, attach details)

16. Are you a trustee, manager, director, officer or otherwise in charge, in whole or in part, of any property or interests of others who carry insurance?

[ ] Yes [ ] No (If YES, attach complete details)

17. Do you plan to engage in the business of insurance sales as an affiliate or subsidiary corporation of a bank or as a third party vendor for a bank?

[ ] Yes [ ] No (If YES, attach details)

18. Have you ever been convicted of, or arrested or prosecuted for, any crime or offense against the laws of this or any other state or country, or plead nolo contendere to any indictment or complaint for such crime or offense, or is there pending against you any indictment, complaint, or proceeding for a violation of such laws?

[ ] Yes [ ] No (If YES, attach details)

19. Have you ever changed your name through a court of law?

[ ] Yes [ ] No (If YES, attach details court and date of change.)

20. If the applicant is to conduct business under any name or title other than his real name, a certificate must be filed with the City or Town Clerk as required by Section 5 of Chapter 110 of the General Laws; however, prior to filing same, approval should be obtained from this Department. A copy of such certificate certified by the City or Town Clerk must be filed with this Department (Applies to Partnership ONLY).

21. Are you currently selling insurance over the Internet?

[ ] Yes [ ] No (If YES, provide URL address)

22. I have read and I am familiar with the insurance laws of Massachusetts respecting insurance and the duties and obligations of Surplus Lines Brokers. I intend to act and hold myself out and carry on business in good faith as a Surplus Lines Broker. I hereby verify the foregoing answers and statements and declare that they were made under the penalties of perjury. At any time, if any of the above information changes, I will notify your office.

Dated at _____ this _____ day of _____ , _____
YEAR

_____ , Applicant _____
full signature print name

Please Note: This application must be signed by the applicant personally. Your signature constitutes your understanding that you must comply with the Commonwealth's Continuing Education Law for insurance personnel, and that you have complied with all of the Commonwealth's laws regarding taxes.