



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

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COMMISSIONER OF INSURANCE

**REQUEST TO APPOINT AND SPONSOR A MASSACHUSETTS TEMPORARY  
PRODUCER LICENSEE**

**1. TO BE COMPLETED BY THE APPLICANT FOR TEMPORARY LICENSE**

By signing and submitting this request, the Applicant agrees to the conditions of a temporary producer license as described in Division Bulletin 2020-14, dated April 29, 2020.

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

I am a resident of Massachusetts and have submitted a hard-copy Uniform Application for Individual Producer License/Registration and I am hereby requesting a Massachusetts temporary producer license for the Sponsoring Insurer identified below.

**2. TO BE SUBMITTED BY THE APPOINTING/SPONSORING INSURER**

A temporary license issued pursuant to Bulletin 2020-14 during the state of emergency declared by Governor Baker on March 10, 2020 (Executive Order No. 591) ("State of Emergency") will expire either 90 days after the termination of the State of Emergency and examination services are available or 180 days after issuance, whichever is earlier. A temporary license is not renewable. A temporary producer licensee may operate only in Massachusetts and is not eligible for a non-resident license in any other state.

By signing and submitting this request, the appointing/sponsoring insurer understands and agrees:

- To assume responsibility for all acts of the temporary licensee;

- To assure that the temporary licensee's sales activities and training are coordinated by a licensed insurance producer in good standing with the Division and/or where applicable, a FINRA-licensed registered principal;
- To maintain a record of all producers operating under a temporary license and all business transacted by them;
- That this appointment is the only appointment permitted for this temporary producer licensee; and
- To assist the temporary licensee with completing the examination and application process for producer licensure once the State of Emergency has ended.

COMPANY NAME: \_\_\_\_\_

FEIN #: \_\_\_\_\_ NAIC #: \_\_\_\_\_

LINES OF AUTHORITY: \_\_\_\_\_

COMPANY AUTHORIZED SIGNATURE: \_\_\_\_\_

COMPANY CONTACT NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_