



THE COMMONWEALTH OF MASSACHUSETTS

Division of Insurance

1000 Washington Street Ste# 810

Boston, Massachusetts 02118-6200

APPLICATION FOR INDIVIDUAL PUBLIC INSURANCE ADJUSTER LICENSE

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

- Submit proper documentation demonstrating that you have 2 years experience performing services in connection with adjusting of property losses.
Submit an original passing score report provided by Prometric.
Submit two (2) passport-sized photographs taken within sixty (60) days of the date of application.
The Division of Insurance will perform a criminal background check on resident applicants.
Submit a written contract describing adjusting services, which contains the notice required by M.G.L. c. 175, § 172.
Return this application with a check for \$200.00 made payable to the Commonwealth of Massachusetts.

Note: Fees are non-refundable

Non-Residents:

- Licensure must be verifiable through the NAIC Producer Database (PDB) or a home state Letter of Certification must be dated within 90 days.
Submit a certified copy of a criminal background check.

If you have any questions or need assistance, please contact the Producer Licensing Dept. at (617) 521-7794.

The application form with your check should be mailed to:

Division of Insurance
Producer Licensing Dept.
1000 Washington Street Ste # 810
Boston, Massachusetts 02118-6200

Please Print or Type

To the Commissioner of Insurance:

Application is hereby made for a new Individual Public Insurance Adjuster License for:

1. Name of Applicant: Last First Middle Jr./Sr.
2. Social Security #: Date of Birth: / /
4. Home Address: Street City State Zip 5. Tel # ()
6. Business Address: Street City State Zip 7. Tel # ()
8. Residence (last 5 Years): Street City State Zip
9. Occupation (last 5 Years): From / / To / / Duties or Title:

Employer's Name:
Address: Street City State Zip
From / / To / / Duties or Title:
Employer's Name:
Address: Street City State Zip

10. Do you engage in any business other than public insurance loss adjustment? Yes No
 If YES, please describe (include amount of time spent): _____
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11. Do you use a written public insurance adjusters contract? Yes No
 If YES, has the written contract been approved? Yes No
12. Has any insurance commissioner or department ever suspended, cancelled, or revoked any license issued to you as a 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 agent 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)
13. 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 complete details)
14. 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)
15. Have you ever changed your name through a court of law?
 Yes No (If YES, attach details, i.e., court and date of change.)
16. I have read and I am familiar with the insurance laws of the Commonwealth of Massachusetts regarding insurance and the duties and obligations of Public Insurance Adjusters. I intend to act and hold myself out and carry on business in good faith. I hereby certify that I have complied with all the laws of the Commonwealth relating to taxes. 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.