



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE
One Federal Street, Suite 700
Boston, MA 02110
<http://www.mass.gov/doi>

**RENEWAL APPLICATION FOR BANK OR CREDIT UNION
INSURANCE PRODUCER LICENSE**

To the Commissioner of Insurance:

[PLEASE PRINT OR TYPE]

Application is Hereby Made to Renew the Bank or Credit Union Insurance Producer License for:

1. Name of Applicant Bank or Credit Union _____

Federal Tax ID #: _____

FDIC # of Bank _____ (if applicable)

NCUA # of Credit Union _____ (if applicable)

MA Lender License # _____ (if applicable)

2. Applicant Business Address: _____
Street City State Zip

3. Type of Institution:

- | | |
|--|---|
| <input type="checkbox"/> Massachusetts Chartered Bank | <input type="checkbox"/> Massachusetts Chartered Credit Union |
| <input type="checkbox"/> Federally Chartered Bank | <input type="checkbox"/> Federally Chartered Credit Union |
| <input type="checkbox"/> Massachusetts Branch, Out of State Bank | |
| <input type="checkbox"/> Bank located wholly outside Massachusetts | |
| <input type="checkbox"/> Lender | |
| <input type="checkbox"/> Other (Please describe) _____ | |

4. Please indicate how the renewal applicant financial institution continues to engage in insurance sales:

- ☐ Direct sales by applicant institution (duly licensed employees required)
☐ Third party arrangement with an unaffiliated licensed producer*
☐ Sales by licensed insurance agency subsidiary*
☐ Sales by licensed insurance agency affiliate*

*Provide name(s) and MA producer license number(s) of subsidiary, affiliate or third party:

Name _____ License # _____

Name _____ License # _____

5. Insurance products the renewal applicant financial institution continues to write:

- ☐ Accident & Health or Sickness ☐ Property ☐ Casualty ☐ Life
- ☐ Variable Life & Variable Annuities ☐ Personal Lines ☐ Credit (Limited Line)

6. Have there been any material changes to applicant's approved Plan of Operations in the previous year? ☐ Yes ☐ No

If YES, have you filed an *amended* Plan with Division of Insurance? ☐ Yes ☐ No

7. Do you intend to solicit business on the financial institution's premises? ☐ Yes ☐ No

If YES, is applicant requesting a physical separation waiver? ☐ Yes ☐ No

8. Does the renewal applicant financial institution currently have a presence on the internet?

- ☐ Yes ☐ No

If YES, please provide the applicant's web address: _____

9. Does the renewal applicant financial institution intend to sell insurance through the Internet?

- ☐ Yes ☐ No

If YES, will applicant's website be linked to a licensed producer's website?

- ☐ Yes ☐ No

If YES, provide producer's web address: _____

10. Is the renewal applicant financial institution currently licensed or authorized to engage in the sale of insurance in any other state or territory of the United States? ☐ Yes ☐ No

If YES, indicate states/territories where licensed or authorized: _____

11. Please list the names and MA Producer license number(s) of individual Producer(s) who will engage in insurance sales on behalf of the renewal applicant financial institution, Applicant must list a licensed Producer(s) with the line of authority for each product of insurance being offered:

Producer name: _____ MA License # _____

Producer name: _____ MA License # _____

Producer name: _____ MA License # _____

Producer name: _____ MA License # _____

FINANCIAL INSTITUTION'S OFFICER RESPONSIBLE FOR INSURANCE OPERATIONS:
(If more than one please attach additional sheet)

12. Name: _____ S.S. # last 4 digits: xxx-xx-_____

13. Title _____

14. Business Address: _____
Street City State Zip

15. Email Address: _____

16. Direct Telephone # (____) _____

17. Please enclose a check for made payable to the Commonwealth of Massachusetts, in the amount of \$75.00 for the renewal of your license. Mail the renewal application, any accompanying documentation and the renewal fee to:

**The Division of Insurance, Attn: Robert Hunter, One Federal Street, Suite 700
Boston, MA 02110.**

I have read and I am familiar with the insurance laws of Massachusetts, in particular Massachusetts General Law Chapter 175, §209, Chapter 175, §75B, Chapter 167F, §2A, and regulations 211 CMR 142.00 and 209 CMR 49.00, concerning the sale of insurance by banks and credit unions. I intend to act and hold myself out and carry on business in good faith. I understand that I must comply with all applicable laws of the Commonwealth of Massachusetts. At any time, if any of the above information changes, I will notify your office. I hereby verify the foregoing answers and statements, and those made in supporting documents, including any Plan of Operation and waiver request filed with this application, and declare that they were made under the penalties of perjury.

Dated at _____ this _____ day of _____, 20 _____

Signature of Financial Institution's Officer Responsible for Insurance Operations