



THE COMMONWEALTH OF MASSACHUSETTS
Division of Insurance

1000 Washington St, Suite 810

Boston, Massachusetts 02118-6200

APPLICATION FOR RENEWAL OF PUBLIC INSURANCE ADJUSTER 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.
Each individual member to be listed on this license must currently be licensed as an Individual Public Insurance Adjuster.
Sign and date the application.
Submit an application for each licensed officer (member) who holds an Individual Public Insurance Adjuster License with a check for \$66.66 per officer (member) payable to the Division of Insurance.
NOTE: Fees are non-refundable
Please Note - Your renewal application must be received at the Division of Insurance on or before the expiration date of your current license.

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

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 the renewal of a Public Insurance Adjuster License issued to:

Insert exact name of the Corporation, Partnership, or Limited Liability Company as it will appear on the license. You may only solicit business in the name shown above.

Specify only Officers or Directors, Members or Partners 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: Street City State Zip 5. Tel # ()
6. Business Address: Street City State Zip 7. Tel # ()
8. Residence (last 5 Years): Street City State Zip

