

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:

Street

- 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 you 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).

lease Print or Type										
To the Commission	er of Insurance	Fed ID#								
Application is hereb	by made for the	renewal of a Publ	ic Insurance Adjust	ter License issued	l to:					
Insert exact name o business in the nar			Limited Liability C	Company as it wil	ll appear on the license. You may only solicit					
Specify only Office person. Complete one of the			•	to solicit, list thei	r names and all of the titles of office held by each					
Full Legal Name:		•	77							
	Last		First		Middle Jr./Sr.					
Social Security #:					3. Date of Birth: / /					
Home Address:					5. Tel # ()					
	Street	City	State	Zip						
Business Address:					7. Tel # ()					
	Street	City	State	Zip						
Residence (last 5 Y	ears):									

City

Occi	cupation	n (last 5	Years)):										
Fron	m	/	/	to	/	/	Du	ties or Title:						
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				ontract be	een app	roved?				[]	Yes	ĺ	[] No	
Has	any in	surance	e commi	issioner (or dena	rtment eve	er suspende	d, cancelled, or r	evoked any licer	ise issi	ied to voii	as a produc	er or mo	or vehicle
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								ment of, or a lice						
								nse or authority						
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	Yes			[]		-		YES, attach deta					-	
Is ar	ny com	pany o	r produc	cer claim	ing tha	t you are r	now indebte	ed to them for ov	erdue collected i	nsuran	ce premiu	ms?		
[]	Yes			[]	No		(If	YES, attach deta	ils)					
Hav	e you	ever be	en conv	icted of,	or arre	sted or pro	osecuted for	, any crime or of	fense against the	laws o	of this or a	ny other sta	ate or cou	ntry, or
plea	ad nolo	conten	dere to		ctment			crime or offense						
[]	Yes			[]	No		(If	YES, attach deta	ils)					
Hav	e you	ever ch	anged y	our nam	e throu	gh a court	of law?							
[]	Yes			[]	No		(If	YES, attach deta	ils, i.e., court and	d date	of change.)		
If th	ne appli	icant is	to cond	uct busir	ness un	der any na	me or title	other than his rea	al name, a certific	cate m	ast be filed	d with the C	ity or To	wn Clerk as
								wever, prior to fi						artment. A
	-				-	-		ust be filed with	-			-		
I hav	ve read	l and I	am fami	iliar with	Sectio	n 174C, C	Chapter 175	of the General L	aws, commonly	called	"The Ten	Per Cent La	ıw"	
(If n	ot, so	state.)												
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Date	ed at						this		day of					
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							,	Applicant				t name		
			full	signature			=		<u>-</u>		prin	t name		

Please Note: This application must be signed by the applicant personally. Your signature constitutes your understanding that you have complied with all of the Commonwealth's laws regarding taxes.