



THE COMMONWEALTH OF MASSACHUSETTS
Division of Insurance

1000 Washington St, Suite 810

Boston, Massachusetts 02118-6200

APPLICATION FOR RENEWAL OF
INDIVIDUAL PUBLIC INSURANCE ADJUSTER LICENSE

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

- Answer every question accurately and completely. Incomplete applications will be returned.
• Sign and date the application.
• Return this application with a check for \$200.00 made 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

Please Print or Type

To the Commissioner of Insurance:

Application is hereby made for the renewal of the Individual Public Insurance Adjuster License issued to:

1. Name of Applicant: 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
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. Since your last renewal, have you made any revisions to your 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.