



THE COMMONWEALTH OF MASSACHUSETTS
Division of Insurance

1000 Washington St, Suite 810

Boston, Massachusetts 02118-6200

APPLICATION FOR RENEWAL OF ADVISER 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 first be licensed as an individual Adviser.
Sign and date the application.
Submit an application for each licensed officer (member) who holds an Individual Adviser License with a check for \$66.66 per officer (member) payable to the Division of Insurance.
Please Note - Your renewal application must be received at the Division of Insurance on or before the expiration date of your current license.

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

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 an Adviser 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. Lines of Insurance: () Accident & Health () Life () Property & Casualty
9. Residence (last 5 Years): Street City State Zip

10. 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

11. Do you engage in any business other than insurance? Yes No
If YES, please describe (include amount of time spent): _____

12. I have had _____ Years experience as a licensed insurance producer. (Give full details as to experience and licenses held).

13. 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 producer 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)

14. 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 details)

15. Is any company or producer claiming that you are now indebted to them for overdue collected insurance premiums?
 Yes No (If YES, attach details)

16. Are you a trustee, manager, director, officer or otherwise in charge, in whole or in part, of any property or interests of others who carry insurance?
 Yes No (If YES, attach details)

17. 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?

18. Have you ever changed your name through a court of law?
 Yes No (If YES, attach details, i.e., court and date of change.)

19. If the applicant is to conduct business under any name or title other than his real name, a certificate must be filed with the City or Town Clerk as required by Section 5 of Chapter 110 of the General Laws; however, prior to filing same, approval should be obtained from this Department. A copy of such certificate certified by the City or Town Clerk must be filed with this Department (**Applies to Partnership ONLY**).
 Yes No (If YES, attach details)

20. Are you currently selling insurance over the Internet?
 Yes No (If YES, provide URL address)

21. I have read and I am familiar with Section 174C, Chapter 175 of the General Laws, commonly called "The Ten Per Cent Law"
(If not, so state.) _____

22. I have read and I am familiar with the insurance laws of Massachusetts respecting insurance and the duties and obligations of insurance advisers. I intend to act and hold myself out and carry on business in good faith as an insurance adviser. 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. Your signature constitutes your understanding that you have complied with all of the Commonwealth's laws regarding taxes.