

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).

e Print or Type e Commissioner of I	nsurance:		FED ID #			
Application is herel	by made for an	Adviser License is	sued to:			
Insert exact name o business in the name			Limited Liability C	company as it wil	l appear on	the license. You may only solicit
Specify only Office person. Complete one of the			_	o solicit, list thei	r names and	all of the titles of office held by each
person.	ese applications	s for each person na	amed above.	o solicit, list thei		
person. Complete one of the	ese applications		_	o solicit, list thei	r names and Midd	
person. Complete one of the Full Legal Name:	ese applications	s for each person na	amed above.	o solicit, list thei	Midd	lle Jr./Sr.
person. Complete one of the Full Legal Name: Social Security #:	ese applications	s for each person na	amed above.	o solicit, list thei	Midd	lle Jr./Sr. Date of Birth: _/ /
person. Complete one of the Full Legal Name: Social Security #:	Street	Last City	First State	Zip	Midd	lle Jr./Sr. Date of Birth: _/ /
person. Complete one of the Full Legal Name: Social Security #: Home Address:	ese applications	s for each person na	amed above. First		Midd 3. 5.	lle Jr./Sr. Date of Birth: / / Tel # ()

DocId: Adv_Corp_RenApp

From / / to / / Duties or Title: Employer's Name:		Occupation (last 5 Years								
Address: Street			to / /	Duties or Title:						
Street	I	Employer's Name:								
Employer's Name: Address: Street City State City State Zip Do you engage in any business other than insurance? If YES, please describe (include amount of time spent): If YES, please describe (include amount of time spent): If YES, please describe (include amount of time spent): If YES, please describe (include amount of time spent): If No If YES, please describe (include amount of time spent): If has any insurance commissioner or department ever suspended, cancelled, or revoked any license issued to you as a producer or motor vehic damage appraiser, or ever refused to issue or renew any such license, or have you ever surrendered any such license or has any insurance orficial or court ever suspended, cancelled or evoked any license or authority of any kind issued to you as a producer or may other pub official or court ever suspended, cancelled or revoked any license or authority of any kind issued to you for prue any other pub official or court ever suspended, cancelled or revoked any license or authority of any kind issued to you for prue any other pub official or court ever suspended, cancelled or revoked any license or authority of any kind issued to you as a producer or has any insurance or profession or refused to issue or renew any such license or authority of any kind issued to you as a producer or has any other pub official or court ever suspended, cancelled or revoked any license or authority of any kind issued to you as a producer or reason, or has any insurance or renew any such license or has any insurance or presented or such as a profession or refused to susue or revoked any license or authority of any kind issued to you as a producer or has any insurance or renew any such license or has any insurance or presented or prosecuted or has have you ever here any assignment for the bend of or insurance and insurance and insurance and any any insurance or otherwise in charge, in whole or in part, of any property or interests of others who carry insurance? [] Yes [] No (If YES, attach det	I	Address:								
Employer's Name: Address: Street City State Zip Do you engage in any business other than insurance? [] Yes [] No If YES, please describe (include amount of time spent): Thave had Years experience as a licensed insurance producer. (Give full details as to experience and licenses held). Has any insurance commissioner or department ever suspended, cancelled, or revoked any license issued to you as a producer or motor vehic 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 issued to you as a producer or motor vehic damage appraiser, or ever refused to issue or renew any such license, or have you ever surrendered any such license or has high insurance company cancelled any contract of employment or an appointment of, or a license to you as the producer for any reason, or has any other pub official or court ever suspended, cancelled or revoked any license to you ever producer for these on, has any other pub official or court ever suspended, cancelled or revoked any license to you be upon to producer for reason, or has any other pub official or court ever suspended, cancelled or rerowed you life you from any public office or position? [] Yes				•	State	Zip				
Address: Street City State Zip			to / /	Duties or Title:						
Steet		<u> </u>								
If YES, please describe (include amount of time spent): Thave had	A	Address:								
If YES, please describe (include amount of time spent): Thave had				•		•				
I have had					Yes [] N	0				
Has any insurance commissioner or department ever suspended, cancelled, or revoked any license issued to you as a producer or motor vehic damage appraiser, or ever refused to issue or renew any such license, or have you ever surrendered any such 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 pub 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 of any kind issued to you to pursue any trade, calling, or profession or refused to issue or renew any such 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 of any kind issued to you to pursue any trade, calling, or profession or refused to issue or renew any such license or authority of any kind issued to you to pursue any trade, calling, or profession or refused to issue or protections or have you ever made any assignment for the bene of, or any composition with your creditors, or have you ever been under guardianship or other legal disability? [1] Yes	_			<u></u>						
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 pub 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		have had	Years experience as	a licensed insurance produ	cer. (Give full details as to	experience and licenses held).				
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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										
profession or refused to issue or renew any such license or authority or discharged or removed you from any public office or position? [] Yes										
Have you ever filed a petition or have you been petitioned into bankruptcy or insolvency, or have you ever made any assignment for the bene of, or any composition with your creditors, or have you ever been under guardianship or other legal disability? Yes										
Have you ever filed a petition or have you been petitioned into bankruptcy or insolvency, or have you ever made any assignment for the bene of, or any composition with your creditors, or have you ever been under guardianship or other legal disability? [] Yes						any public office of position?				
of, or any composition with your creditors, or have you ever been under guardianship or other legal disability? [] Yes		· =		•	*					
Is any company or producer claiming that you are now indebted to them for overdue collected insurance premiums? [] Yes	(of, or any composition w	ith your creditors, or have	e you ever been under guar	dianship or other legal disab					
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						premiums?				
insurance? [] Yes	[Yes	[] No	(If YES, attach de	etails)					
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? Have you ever changed your name through a court of law? [] Yes			ger, director, officer or oth	nerwise in charge, in whole	or in part, of any property of	or interests of others who carry				
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? Have you ever changed your name through a court of law? [] Yes			[] No	(If YES, attach de	etails)					
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? Have you ever changed your name through a court of law? [] Yes	_	-		,	<i>'</i>	this or any other state or country or				
Have you ever changed your name through a court of law? [] Yes	ŗ	olead nolo contendere to	any indictment or compl							
[] Yes [] No (If YES, attach details, i.e., court and date of change.) 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 Clert required by Section 5 of Chapter 110 of the General Laws; however, prior to filing same, approval should be obtained from this Department. 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) Are you currently selling insurance over the Internet? [] Yes [] No (If YES, provide URL address) 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.) 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 answer 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	_	_		t of law?						
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 required by Section 5 of Chapter 110 of the General Laws; however, prior to filing same, approval should be obtained from this Department. copy of such certificate certified by the City or Town Clerk must be filed with this Department (Applies to Partnership ONLY). [] Yes			_		tails i.e. court and date of a	change)				
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YEAR										
	I	Dated at		this	day of					
		iui	l 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.