

COMMONWEALTH OF MASSACHUSETTS Office of Consumer Affairs and Business Regulation DIVISION OF INSURANCE 1000 Washington St, Suite 810 Boston, MA 02118-6200 http://www.mass.gov/doi

RENEWAL APPLICATION FOR BANK OR CREDIT UNION INSURANCE PRODUCER LICENSE

To the Commissioner of Insurance:

[PLEASE PRINT OR TYPE]

Application is Hereby Made to Renew the Bank or Credit Union Insurance Producer License for:

1. Name of Applicant Bank or Credit Union Federal Tax ID #:_____ FDIC # of Bank _____ (if applicable) NCUA # of Credit Union ______ (if applicable) MA Lender License # ______ (if applicable) 2. Applicant Business Address: Citv Street State Zip 3. Type of Institution: □ Massachusetts Chartered Bank □ Massachusetts Chartered Credit Union □ Federally Chartered Bank □ Federally Chartered Credit Union □ Massachusetts Branch, Out of State Bank □ Bank located wholly outside Massachusetts □ Lender Other (Please describe) 4. Please indicate how the renewal applicant financial institution continues to engage in insurance sales: Direct sales by applicant institution (duly licensed employees required) □ Third party arrangement with an unaffiliated licensed producer* □ Sales by licensed insurance agency subsidiary* □ Sales by licensed insurance agency affiliate* *Provide name(s) and MA producer license number(s) of subsidiary, affiliate or third party:

Name	License #
Norma	1:22222
Name	License #

5. Insurance products the renewal applicant financial institution continues to write:

Accident & Health or Sickness	Property	Casualty	Life

- □ Variable Life & Variable Annuities □ Personal Lines □ Credit (Limited Line)
- 6. Have there been an y material changes to applicant's approved Plan of Operations in the previous year? □ Yes □ No

If YES, have you filed an *amended* Plan with Division of Insurance?
Yes No

7. Do you intend to solicit business on the financial institution's premises?
Yes
No

If YES, is applicant requesting a physical separation waiver?

8. Does the renewal applicant financial institution currently have a presence on the internet? □ Yes □ No

If YES, please provide the applicant's web address: _____

- 9. Does the renewal applicant financial institution intend to sell insurance through the Internet?
 □ Yes □ No
 - If YES, will applicant's website be linked to a licensed producer's website? □ Yes □ No

If YES, provide producer's web address:

10. Is the renewal applicant financial institution currently licensed or authorized to engage in the sale of insurance in any other state or territory of the United States?
Yes No

If YES, indicate states/territories where licensed or authorized:

11. Please list the names and MA Producer license number(s) of individual Producer(s) who will engage in insurance sales on behalf of the renewal applicant financial institution, Applicant must list a licensed Producer(s) with the line of authority for each product of insurance being offered:

Producer name:	MA License #
Producer name:	MA License #
Producer name:	MA License #
Producer name:	MA License #

FINANCIAL INSTITUTION'S OFFICER	<u>R RESPONSIBLE F</u>	OR INSURANCE O	PERATIONS:				
(If more than one please attach additional sheet)							
12. Name:	Name:S.S. # last 4 digits: <u>xxx-xx-</u>						
13. Title							
14. Business Address: Street	City	State	Zip				
15. Email Address:							
16. Direct Telephone # ()							

17. Please enclose a check for made payable to the Commonwealth of Massachusetts, in the amount o f \$75.00 for the r enewal of y our l icense. Mail the r enewal application, any accompanying documentation and the renewal fee to:

The Division of Insurance, Attn: Robert Hunter, 1000 Washington St, Suite 810 Boston, MA 02110.

I have read and I am familiar with the iisurance laws of Massachusetts, in particular Massachusetts General Law Chapter 175, §209, Chapter 175, §75B, Chapter 167F, §2A, and regulations 211 CMR 142.00 and 209 CMR 49.00, concerning the sale of insurance by banks and cr edit unions. I intend to act and hol d myself out and carry on bu siness in good faith. I understand that I must comply with all applicable laws of the Commonwealth of Massachusetts. At any time, if any of the above information changes, I will notify your office. I hereby verify the foregoing answers and statements, and those made in supporting documents, including any Plan of Operation and waiver request filed with this application, and declare that they were made under the penalties of perjury.

Dated at ______ this _____ day of _____, 20 _____

Signature of Financial Institution's Officer Responsible for Insurance Operations