



THE COMMONWEALTH OF MASSACHUSETTS
Division of Insurance

1000 Washington St, Suite 810

Boston, Massachusetts 02118-6200

APPLICATION FOR INDIVIDUAL ADVISER LICENSE

INSTRUCTIONS -- In order for us to process your application please submit the following with your application:

- Answer every question accurately and completely. Incomplete applications will be returned.
• An original passing score report provided by Prometric.
• A written contract describing advising services.
• Sign and date the application.
• Return this application and required documents with a check for \$200.00 made payable to the Division of Insurance

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

Please Print or Type

To the Commissioner of Insurance:

Application is hereby made for an Individual Adviser License for the following individual:

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. Lines of Insurance: [ ] Accident & Health [ ] Property & Casualty [ ] Life
9. Residence (last 5 Years): Street City State Zip
10. Occupation (last 10 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): \_\_\_\_\_
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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 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)
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. Is any company or producer claiming that you are now indebted to them for overdue collected insurance premiums?  
 Yes  No (If YES, attach details)
15. 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 complete details)
16. 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)
17. Have you ever changed your name through a court of law?  
 Yes  No (If YES, attach details i.e., court and date of change.)
18. Are you currently selling insurance over the Internet?  
 Yes  No (If YES, provide URL address)
19. 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 certify that I have complied with all of 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.*