



THE COMMONWEALTH OF MASSACHUSETTS
Division of Insurance

1000 Washington St, Suite 810

Boston, Massachusetts 02118-6200

APPLICATION FOR RENEWAL OF INDIVIDUAL ADVISER 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.

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 Adviser 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. Lines of Insurance: [] Accident & Health [] Fire & Casualty [] Life
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):

