

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:

				Last			First		Mid	dle			Jr./Sr.
Social Sec	urity #:							3.	Date of	of Bir	th:	/	/
Home Ado	dress:							5.	Tel#	()		
		Street		City	State		Zip						
Business A	Address:							7.	Tel#	()		
		Street		City	State		Zip						
Lines of Ir	nsurance:		[]	Accident & Health		[]	Fire & Casualty					[]	Life
Residence	(last 5 Y	ears):											
				Street	City		Stat	e				Zip	
Occupatio	n (last 5	Years):											
From	/	/	to	/ /	Duties or Ti	tle:							
Employer'	's Name:				_								
Address:													
			Street		City		State				2	Zip	
From	/	/	to	/ /	Duties or Ti	tle:							
Employer'	's Name:				_								
Address:													
			Street		City		State				2	Zip	
Do you engage in any business other than insurance?						[]	Yes	[]] No				

		full signature	, Appl	icant	print name					
	Dated at			day of	,	YEAR				
19.	advisers. I intend to with all of the laws of	act and hold myself out an of the Commonwealth relati	d carry on business in ging to taxes. I hereby v	s respecting insurance and the du good faith as an insurance advise erify the foregoing answers and information changes, I will notify	r. I hereby certify that I statements and declare the	have complied				
	[] Yes	[] No		ovide URL address)						
18.	Are you currently selling insurance over the Internet?									
	[] Yes	[] No	(If YES, att	ach details i.e., court and date of	change.)					
17.	Have you ever changed your name through a court of law?									
	[] Yes	[] No	(If YES, att	ach 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, att	ach complete 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, att	ach details)						
4.	Is any company, agent, broker or producer claiming that you are now indebted to them for overdue collected insurance premiums?									
	[] Yes	[] No	(If YES, att	ach complete 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, att	ach details)						
	insurance company other public official	cancelled any contract of er or court ever suspended, ca	nployment or an appoin ncelled or revoked any	ny such license, or have you even ntment of, or a license to you as i license or authority of any kind authority or discharged or remove	ts producer for any reasons issued to you to pursue a	on, or has any any trade,				

 ${\it Please Note: This application must be signed by the applicant personally.}$