



THE COMMONWEALTH OF MASSACHUSETTS

Division of Insurance

1000 Washington St, Suite 810
(617) 521-7794

Boston, Massachusetts 02118-6200
Toll-free (877) 563-4467

RENEWAL APPLICATION FOR LIFE SETTLEMENT BROKER INDIVIDUAL 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 **\$225.00 made payable to the Commonwealth of Massachusetts.**

**If you have any questions or need assistance, please contact the Division
The application form with your check should be mailed to:**

**MA Division of Insurance
Producer Licensing
1000 Washington Street
Suite 810
Boston, MA 02118**

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)

Please Print or Type

Check appropriate box for license renewal requested.

- Resident Life Settlement Broker License
- Non-Resident Life Settlement Broker License
 - Identify Resident State: _____
 - Identify Resident State License #: _____

To the Commissioner of Insurance:

Application is hereby made for an Individual Life Settlement Broker License issued to: (You may only do business in the name shown below.)

1. Name of Applicant:	Last	First	Middle	Jr./Sr.
2. Social Security #:				3. Date of Birth: / /
4. Home Address:				5. Tel # () _____
	Street	City	State	Zip
6. Business Address:				7. Tel # () _____
	Street	City	State	Zip
8. Mailing Address:				
	Street	City	State	Zip
9. Business E-Mail Address:				

10. Have you been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department?

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license; identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and a copy of the official document which demonstrates the resolution of the charges or any final judgment.

Yes No (If YES, attach details.)

11. Have you been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime, which has not been previously reported to this insurance department?

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

Yes No

By signing this form, I agree to comply with M.G.L. c. 175, §§212-223E respecting life settlement agreements and the duties and obligations of Life Settlement Brokers. 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 the Division of Insurance within 30 days.

Dated at _____ this _____ day of _____, _____ Year

_____, Applicant _____
Full Signature Print Name