



APPLICATION FOR INDIVIDUAL INSURANCE BROKER'S LICENSE

INSTRUCTIONS – In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
 - *• Include the original results of your ASI examination.
 - *• Include the original certificate of your course completion. Certificate must state the course(s), hour(s), and line(s) of study on a two-part form signed by the instructor and attested to by you. Diplomas are not acceptable.
 - Obtain the endorsement of three Massachusetts residents.
 - Sign and date the application.
 - Provide a self-addressed, stamped envelope for the return of your license.
 - Return this application with a check for \$200.00 to the Division of Insurance (Massachusetts veterans may attach form AGO-10 in lieu of the \$200.00 license fee).
- *N/A for: *Non-Resident Broker, Non-Resident Agent, Active Resident Agent*

Non-Resident Brokers must also:

- Provide a Power of Attorney form which is properly executed.
- Provide a certificate of good standing from your home state.

If you have any questions or need assistance you can call us at: (617) 521-7447.

The application form with your check should be mailed to:
Division of Insurance
Broker/Corporate Licensing Section
PO Box 370043
Boston, Massachusetts 02241-1743

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

To the Commissioner of Insurance:

Application is hereby made for an Insurance Broker's 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. 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

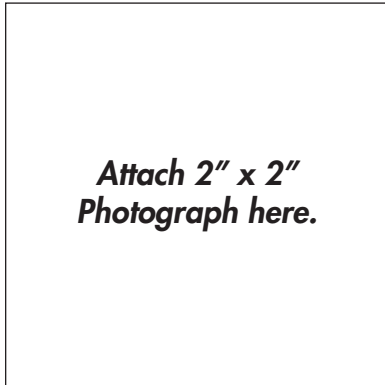
11. Do you engage in any business other than insurance? Yes No
If YES, please describe (include amount of time spent): _____

12. Do you claim exemption from the license fee as a Massachusetts Veteran or blind individual? Yes No
If YES, please attach proof; if NO, please enclose a check for \$200.00 made payable to the Commonwealth of Massachusetts, Division of Insurance.

13. Are you a licensed agent? Yes No

If yes, identify company, dates, and lines: _____

14. Photograph of Applicant



15. Has any insurance commissioner or department ever suspended, cancelled, or revoked any license issued to you as an agent, broker, 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 agent 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.)

16. 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 details.)

17. Is any company, agent or broker claiming that you are now indebted to them for overdue collected insurance premiums?
 Yes No (If YES, attach details.)

18. 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 details.)

19. 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.)

20. Have you ever changed your name through a court of law?
 Yes No (If YES, attach details, i.e., court and date of change.)

21. Are you currently selling insurance over the Internet? Yes No
(If YES, please identify the name of your website and the location of server on a separate sheet of paper.) If you plan to sell insurance on the Internet in the future, please contact the Division for additional requirements.

22. I have read and I am familiar with the insurance laws of Massachusetts respecting insurance and the duties and obligations of insurance brokers. I intend to act and hold myself out and carry on business in good faith as an insurance broker. 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. Your signature constitutes your understanding that you must comply with the Commonwealth's Continuing Education Law for insurance personnel, and that you have complied with all of the Commonwealth's laws regarding taxes.

Endorsements (New Applicants only)

We, the undersigned, being citizens of Massachusetts, hereby severally state that we are acquainted with the individual named herein and we believe him to be trustworthy and competent to act as an insurance broker.

Signature	Printed Name	Address
1.		
2.		
3.		