

## Instructions For Application For License/Agent (Page 1)

This is a white, double-sided, letter-size form. Entries may be typed or printed as long as they are clear and legible.

1. Enter applicant's full name.
2. Enter applicant's Social Security number.
3. Enter applicant's date of birth.
4. Enter applicant's residence address.
5. Enter applicant's residence telephone.
6. Enter applicant's business address.
7. Enter applicant's business telephone.
8. Enter name of sponsoring insurance company.
9. Enter sponsoring insurance company's NAIC number.
10. Enter address of sponsoring insurance company.
11. Enter sponsoring insurer's phone number.
12. Check line(s) of insurance applicant will sell on behalf of sponsoring insurance company.
13. Enter applicant's residence address for preceding five years. If applicant moved during this period, enter last former address here. If last former address and current address do not cover entire five-year period, use separate page to enter former addresses until preceding five years have been covered. Be sure to label each page with proper question number.

<b>Instructions For Application For License/Agent (Page 2)</b>
----------------------------------------------------------------

14. Enter applicant's occupation for preceding five years. If applicant has not been in his or her present job for five years, enter details of present occupation in space provided. If needed, use separate page to enter employment record covering preceding five years. Leave no time unmentioned. Indicate if applicant was a student, self-employed, unemployed or in military service, if applicable. Be sure to label each page with proper question number.
15. Answer as applicable.
16. Answer should be NO. If YES, attach supporting documentation.
17. Answer should be NO. If YES, attach supporting documentation.
18. Answer should be NO. If YES, attach supporting documentation.
19. Answer as applicable. If YES, attach requested documentation.
20. Answer as applicable. If YES, attach requested documentation.
21. Answer as applicable. If YES, attach requested documentation.
22. Answer as applicable. If YES, attach requested documentation.
23. Applicant must read paragraph carefully and sign and date form. Enter city and state where form is being completed.

Authorized company representative must sign form, certifying applicant's trustworthiness. Enter representative's name and title on lines provided.



EXECUTIVE OFFICE OF CONSUMER AFFAIRS  
One South Station • Boston, MA 02110

DIVISION OF INSURANCE - Linda Ruthardt, Commissioner  
• (617) 521 - 7794 • Fax (617) 521 - 7576

**APPLICATION FOR INDIVIDUAL LICENSE / AGENT**

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

- Answer every question accurately and completely. Incomplete applications will be returned.
- If a question is answered YES on the application, please submit details.
- Submit original test results and schooling certificates. (First time license applicants only)
- Sign and date the application.
- Return this application with a check per each officer for \$50.00 for Life/Accident Health, \$75.00 for Travel/Accident-Baggage. Property & Casualty Licensing fees are as follows:

7 / 1 / 1999 – 6 / 30 / 2000 @ \$75.00  
 7 / 1 / 2000 – 6 / 30 / 2001 @ \$225.00\*  
 7 / 1 / 2001 – 6 / 30 / 2002 @ \$150.00  
 7 / 1 / 2002 – 6 / 30 / 2003 @ \$75.00

\*Property & Casualty agent licenses renew triennially from 7 / 1 / 2000

- Make check payable to the Division of Insurance. (Check must be drawn on insurance company account).

**Non-Resident Agents** must also:

- Provide a homestate letter of certification. The letter must be dated within 90 days of issue.
- An authorized representative of the insurance company must complete questions 8 – 12 and sign off on the application per MGL Chapter 175, section 163.

**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  
**Agent Licensing Section**  
 PO Box 370038  
 Boston, Massachusetts 02241 - 0738

The undersigned being a constituted representative of an insurance company authorized to conduct business in the Commonwealth intends to appoint the applicant, if duly licensed, to act as an Agent of the company listed below for the following line(s) of insurance.

**Please Print or Type**

1. Name of Applicant: \_\_\_\_\_

2. Social Security #: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Home Address: \_\_\_\_\_

5. Tel # ( ) \_\_\_\_\_

6. Business Address: \_\_\_\_\_

7. Tel # ( ) \_\_\_\_\_

8. Full Name of Insurance Co. \_\_\_\_\_ 9. NAIC Co. # \_\_\_\_\_

10. Company Address: \_\_\_\_\_

11. Tel # ( ) \_\_\_\_\_

12. Lines of Insurance: [ ] Accident & Health [ ] Fire & Casualty [ ] Life [ ] Travel Acc. & Baggage

13. Residence(last 5 Years): \_\_\_\_\_

