



MASSACHUSETTS

Division of Insurance

Licensing Information Handbook

Effective as of May 13, 2022

Register online at www.prometric.com/massachusetts/insurance



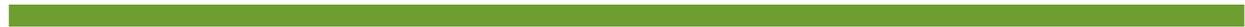
Published by Prometric

Providing License Examinations for the Commonwealth of Massachusetts

Copyright © 2020 Prometric LLC

REVISED 07152021

Table of Contents



<i>Introduction</i>	1
A Message from the Division	1
Overview of Licensing Process.....	1
<i>Massachusetts Licensing Requirements</i>	3
<i>Scheduling Your Exam</i>	6
Registering and Scheduling Information	6
Online	7
By Fax or Mail.....	7
By Phone.....	8
Reschedule and Cancellation	8
If absent or late for your appointment.....	8
Test Centers.....	8
Holidays	9
Emergency Closings.....	9
Testing Accommodations	10
<i>Preparing for Your Exam</i>	11
Study Materials	11
Content Outlines Overview	11
Practice Exams	11
<i>Taking Your Exam</i>	12
Testing Process	12
Test Center Regulations	12
Question Types.....	15
Experimental Questions.....	15
Exam Results	15
Appeals Process	16
<i>Applying for Your License</i>	17
Required Documentation	17
Continuing Education	20
<i>Exam Content Outlines</i>	21
<i>Exam Registration Form</i>	27
<i>Credit Card Payment Form</i>	28

Introduction

A Message from the Division

This handbook provides you with information about the examination processes and how to apply for an insurance license with the Massachusetts Division of Insurance ("the Division") to sell or provide insurance services and products.

We wish you well in preparing for your examination and remind you that by law you are required to continue your insurance education after becoming licensed as a Producer, Public Insurance Adjuster or Life Settlement Broker. Remember, a license is a privilege, not a right or a gift. You must commit yourself from the beginning to comply with the laws and regulations set forth to govern the insurance industry.

Overview of Licensing Process

This handbook provides information about the examination and licensing process for obtaining a resident insurance license. You should read this Licensing Handbook including the examination content outlines prior to taking an exam. If interested in applying for a nonresident license, you can apply online via NIPR at www.nipr.com or an NIPR authorized business partner.

Licensing Process

Follow these main steps if you are interested in obtaining an insurance license.

1. Read this handbook to learn about examination and licensing requirements.
2. Schedule your exam either at our in-person test center or remote proctored platform. The easiest way to register for an exam is online at www.prometric.com/massachusetts/insurance
3. Review the examination content outlines, which can be found on the Massachusetts Insurance Prometric website. The content outlines in this guide are the basis for the exams.
4. Bring required identification to your appointment.
5. Apply for the license via the NIPR Gateway at www.nipr.com or an NIPR authorized business partner. You must wait 48-72 hours after passing the examination, before submitting the electronic application.
6. You may apply via a paper application for all other type of licenses offered by the Division of Insurance by sending in the appropriate paper license application form, your original passing examscore report(s), any other required filing documents and the license processing fee made payable to the Commonwealth of Massachusetts to:

**MA Division of Insurance
Attn: Producer Licensing
1000 Washington Street, Suite #810
Boston, MA 02118-6200**



To get answers not provided in this bulletin

Visit our Website: www.prometric.com/massachusetts/insurance

LICENSING INFORMATION

Massachusetts Division of Insurance, Producer Licensing

1000 Washington Street

Suite #810

Boston, MA 02118-6200

Phone: 617.521.7794, and opt for line #3

Website: www.mass.gov/doi

For questions about Remote Proctored exams:

Phone: 800.868.6113

QUESTIONS ABOUT EXAMINATION OR PRELICENSING

Prometric

www.prometric.com/massachusetts/insurance

E-mail: pro.ceservices@prometric.com

Phone: (800) 741-9380

Fax: (800) 347-9242

TDD User: (800) 790-3926

Massachusetts Licensing Requirements

This section describes:

- The types of licenses offered and their requirements.
- Pre-licensing education requirements.
- Licensing requirements based on residence.

The Division is authorized to license individuals and business entities (corporations, partnerships, limited liability companies and limited liability partnerships) who wish to operate as producers, advisers, public insurance adjusters, life settlement brokers, limited lines travel producers, motor vehicle damage appraisers, portable electronic limited lines, surplus lines brokers, reinsurance intermediaries, both brokers and managers, as defined in Massachusetts Insurance Laws.

After passing your required exam(s), you may apply online via NIPR's Gateway at www.nipr.com for a Producer or Surplus Lines Broker license; you may submit a paper application for all other types of licensure along with your original passing score report, license processing fee, and any other required documentation to the Division at MA Division of Insurance – Producer Licensing, P.O. Box 370043, Boston, MA 02241-1743. For application instructions, see "Apply for your License" section.

Licensing requirements and application forms are available [here](#).

If the Division approves your application, you will be issued a license and may solicit insurance of the type for which you have been licensed.

For all licenses, you must be trustworthy and competent, and not previously had a license revoked or suspended.



Note: Passing an exam does not guarantee that you will be issued a license.

If you take an exam unnecessarily or are found unqualified, neither the exam fee nor the license-processing fee will be refunded.

The Division grants the licenses listed below. Each license granted is valid only for the line of authority named on the license. The basic requirements for each type of license are shown in this chart.

License Type	Applicable MA Laws	Lines of Authority	Age Required	Exam Required	Application Submission
Resident Insurance Producer	M.G.L. c. 175 §162G to 162X	Major Lines <ul style="list-style-type: none"> • Life • Accident & Health • Property • Casualty • Personal Lines P&C • Variable Life/Variable Annuity Limited Lines <ul style="list-style-type: none"> • Credit • Travel 	18 18 18 18 18 18 18	Yes Yes Yes Yes Yes No Yes No	via NIPR’s Gateway at www.nipr.com
Non-resident Insurance Producer (1)	M.G.L. c. 175 §162R	--			via NIPR’s Gateway at www.nipr.com
Advisor	M.G.L. c. 175 §177A and §177B	--	18	Yes	Division of Insurance’s website at www.mass.gov/doi (application & contract)
Public Insurance Adjuster (2)	M.G.L. c. 175 §172	--	21	Yes	Division of Insurance’s website at www.mass.gov/doi (application & contract)
Surplus Line Broker (3)	M.G.L. c. 175 §168	--	18	No	via NIPR’s Gateway at www.nipr.com
Motor Vehicle Damage Appraiser (MDVA) (4)	Automobile Damage Appraiser Licensing Board regulations	--		Yes	An MVDA Application at www.mass.gov/doi

1. To obtain a license as a **Nonresident Insurance Producer**, you **must** be currently licensed as a resident and in good standing with your home state.
2. To obtain a license as a **Public Insurance Adjuster** in the Commonwealth, you **must** have **2 years of experience** performing services in connection with adjusting of property losses. See more information on the Division of Insurance's website at www.mass.gov/doi
3. To obtain a license as a **Surplus Lines Broker** in the Commonwealth, you **must** be currently licensed as a Massachusetts property & casualty producer, if you are a resident. If you are a nonresident, you must already be licensed as a surplus lines broker in his/her resident state
4. The **MVDA licensing process** is a two-step process which requires candidates to **first** submit all application material to the Board and **then** be pre-approved **prior** to take either the part one written (Prometric) exam or the part two vehicle appraisal exam. **Do not** register or schedule your MVDA exam **until** you receive authorization from the Board. The following application materials must be **submitted** to the Automobile Damage Appraisers Licensing Board, 1000 Washington Street, Suite #810, Boston, MA 02118-6200:
 - a. A work experience letter from a licensed Massachusetts appraiser with whom you have worked for a period of at least 3 months. This letter must be signed by the appraiser and his/her seal affixed.
 - b. A copy of certification received from a Board-approved damage appraiser course. **Please note:** Two years practical work experience writing appraisals may be substituted for the required course work.
 - a. A certified transcript from the courts and a letter of explanation if you have had any convictions.

Scheduling Your Exam

Massachusetts Division of Insurance and Prometric are pleased to announce the ability to schedule your Massachusetts Insurance exams in two ways either in a physical test center or in a remotely proctored testing location using Prometric's ProProctor application. **You may take the exam at any Prometric test center in the United States or in a remotely proctored location.**

Note: Do not register or schedule your MVDA exam until you receive authorization from the Board.

Testing Accommodations. If you require an Americans with Disabilities Act (ADA) accommodation(s) or English as Second Language (ESL) additional time, see the "**Testing Accommodations**" section below.

***ProProctor** –ProProctor gives you greater flexibility to choose where to test, when to test and how to test. It is a reliable, convenient – yet secure – testing experience.

For a ProProctor exam you must provide a computer (tablets prohibited) with a camera, microphone and an internet connection. To confirm your computer will allow you to test through ProProctor™ please perform a **system check** prior to scheduling your ProProctor exam.

You can reference our [User Guide](#) for additional technical and environmental requirements.

ProProctor System Requirements

Laptop/PC Power Source

Please plug your device directly into a power source, unattached from a docking station.

Screen Resolution

1024 x 768 is the minimum resolution required

Operating System

Windows 7 or higher | MacOS 10.13 or higher

Web Browser

Current version of Google Chrome

Internet Connection Speed

0.5 mbps or greater

Wi-Fi Connection

Please position your device where you can receive the strongest signal. For the best experience, please use an ethernet cable to connect directly to the router

Online

Register and schedule online—it saves time and it's easy!

You can easily register and schedule your exam online at any time using our Internet Registration Service by going to:

1. <http://www.prometric.com/massachusetts/insurance>.
2. Click on **Create or Login to Your Account** to register. You can immediately schedule your exam once you create your account or log in later to schedule your exam.
3. If you choose to take your exam in a Test Center then click on **Schedule Test Center** and follow the prompts.
4. If you choose to take your exam in a Remotely Proctored location, then click on **Schedule Remote Proctor*** and follow the prompts.

Important Note: Every candidate will need to create a new account, but those with existing profiles will need to use the Welcome email as a starting point. If a candidate creates a new profile without using that link, a duplicate profile will be created and could result in scheduling challenges.

By Fax or Mail

You may fax the completed Exam Registration form found at the end of this handbook to Prometric to (800) 347-9242. You must also include the completed Credit Card Payment Form (Visa, MasterCard, or American Express). The cardholder's signature must be on the form.

Or

You may mail the completed Exam Registration Form and the appropriate exam fee to the address on the form. When registering by mail, you may pay the exam fee by Visa, MasterCard or American Express, company check, cashier's check or money order. Personal checks and cash are not accepted.

If paying by credit card, you must also include the completed Credit Card Payment Form (Visa, MasterCard or American Express). The cardholder's signature must be on the form. Including a Visa, MasterCard or American Express, company check, cashier's check or money order.

By Phone

If you are unable to schedule online, you may schedule the examination by calling (800) 741-9380 between 8 a.m. and 9 p.m. (Eastern Time), Monday through Friday, and between 10 a.m. and 3 p.m. (Eastern Time), Saturday and Sunday. Please have your exam information and credit card information for payment available.

Reschedule and Cancellation

To reschedule or cancel your existing exam appointment, you must contact Prometric 24 hours prior to the exam appointment date in order to avoid forfeiting your exam fee.

After you cancel your exam, you must initiate a refund by going [here](#) and completing the refund form.

Prometric will review refund requests and email decisions to you within 7-10 business days of receipt unless further research and/or documentation are required. Prometric reserves the right to request documentation to support any illness or emergency claim. **Refund requests made via phone will not be accepted.**

If you change or cancel your appointment without proper notice, you will forfeit your examination fee(s).

If absent or late for your appointment

If you miss your appointment, or arrive late and are not allowed to test, you will forfeit your exam fee(s).

You may take the exam at any Prometric test center in the United States. A complete list of test center locations may be found by going to <http://www.prometric.com/massachusetts/insurance>. Alternatively, you may call 800.864.8373.

Test center locations are subject to change. Be sure to verify the address of and directions to the test center before you leave for the exam.

Holidays

Testing generally does not occur on federal holidays.

Additional state holidays may be observed in the state where you schedule the exam appointment.

Emergency Closings

Severe weather or an emergency could require canceling scheduled exams. If this occurs, Prometric will attempt to contact you by phone; however, you may check for testing site closures by checking our website at

<https://www.prometric.com/en-us/pages/siteclosure.aspx> or calling Prometric at (866) 370-3411. If the site is closed, the exam will be rescheduled without a rescheduling fee.

If a test center is open for testing and you choose not to appear for the appointment, you will forfeit the exam fees and must reschedule and pay another exam fee.

Test Centers

Testing Accommodations

ADA Accommodation. Reasonable testing accommodations are provided to allow candidates with documented disabilities recognized under the ADA an opportunity to demonstrate their skills and knowledge. Prometric makes every effort to provide reasonable testing accommodations that enable all test takers to take examinations.

If you require testing accommodations under the Americans with Disabilities Act (ADA), please complete and submit a Testing Accommodation Request Form online at <https://www.prometric.com/en-us/for-test-takers/prepare-for-test-day/pages/arrange-testing-accommodations.aspx>, or contact Prometric at (888) 226-9406 to obtain an Accommodation Request Form.

Professional documentation of the disability must be submitted with the Accommodation Request Form to aid Prometric in determining the appropriate testing accommodations. Thirty days' advance notice is required for all testing arrangements. There is no additional charge for these accommodations.

ESL Accommodation. All examinations are given in English. If English is not your primary language, you may qualify for additional time for the test by requesting an ESL Authorization from Prometric. To request an ESL authorization, please submit:

- A personal letter requesting the authorization; and
- A letter from the English instructor or sponsoring company (on company letterhead), certifying that English is not your primary language.

Please fax documents to **800.347.9242** and allow **three (3) days** for processing. If your request is approved, Prometric may extend the time limit on your examination to time-and-one-half or 150% of the normal time limit. Prometric will inform you by mail whether your request for accommodation is approved. You should not schedule your exam until you have received the confirmation email. Exams scheduled before the ESL request has been approved will not include extra time.

Preparing for Your Exam

Being well prepared can help you pass the exam and save time and possibly money spent retaking it.

This section offers:

- Information about study materials.
- An overview of the exam content outlines.
- Practice Exams.

Study Materials

You are free to use materials of your own choosing to prepare for the license exam. Different publishers provide materials to assist you in preparing for insurance licensing exams. These materials take different approaches and you should choose one that meets your needs.



Neither the Office of the Commissioner of Insurance nor Prometric reviews or approves these study materials.

General recommendations. You may obtain recommendations for study materials from insurance companies, the company or agency you plan to work for, or local insurance agents' associations.

Pursuant to M.G.L. c. 175, §162L, pre-licensing coursework is no longer required of individuals seeking licensure as Insurance Producers; however, the Division recommends that applicants complete a course of study prior to taking an insurance examination.

Content Outlines Overview

The license exam for each license type consists of questions that test knowledge of topical areas listed in that exam's content outline. An overview of each exam content outline appears on the Massachusetts Insurance Prometric website.

Note: Do not schedule your exam until you are familiar with all subject areas in the applicable content outline.

Practice Exams

To take a practice exam, select or copy the link below to your browser:

<https://tcnet1.prometric.com/Login.aspx?ibt=853298600&ClientNameSingleSite=practice-insurance>.

While practice exams contain general, non-state specific insurance questions, they are created in the same format and use the same question types as the actual licensure exams. Practice exams are designed to help you become familiar with the computer-based testing process.

During the practice exam, you will get immediate feedback to correct and incorrect responses as well as overall feedback at the end of the session just as you would during the actual exam. Practice exams are available for:

- (LIPA) Life Insurance Producer/Agent Practice Exam in English and Spanish
- (HIPA) Health Insurance Producer/Agent Practice Exam in English and Spanish
- (PIPA) Property & Casualty Insurance Producer Practice Exam in English only

There is **no cost** to take Prometric Practice Exams!

Taking Your Exam

Knowing what to expect when taking your exam may help you prepare for it. This section contains:

- An overview of the testing process.
- Regulations that will be enforced at the test center.
- Information about the types of questions used on the exams.
- A guide to understanding your exam results.
- Information about appeals.

Testing Process

The exam will be administered by computer but you do not need any computer experience or typing skill to take the exam.

Arrival. You should arrive at least **30 minutes before** the scheduled exam appointment. This allows time for you to sign in and for staff to verify your identification and complete all security checks.

Identification required. You must present a valid form of identification before taking the test. The identification document **must**:

- Be government-issued (e.g., driver's license, state-issued identification card, passport, or military identification card).
- Contain **both** a current photo and signature (if not you must present two identification cards: one with your photo and one with your signature).
- Exactly match the name used to register for the exam (including designations such as "Jr." and "III").



Important Failure to provide appropriate identification at the time of the exam will be considered a missed appointment. As a result, you will be required to pay another **full examination fee** before making another appointment. If you cannot provide the identification listed above, contact Prometric **before** scheduling the appointment to arrange an alternative way to meet this requirement.

Testing Regulations

Copyrighted questions. All test questions are the property of Prometric and are protected by copyright. Federal law provides severe civil and criminal penalties for the unauthorized reproduction, distribution, or exhibition of copyrighted materials.

To ensure that all candidates are tested under similar conditions, the following regulations and procedures will be enforced at each test center. The Remote Proctor (RP) and/or Security Agent (SA) is authorized to dismiss you from the test session for a violation of any of the Testing Regulations, including exhibiting a abusive behavior towards the RP or SA. If you are found to have violated any of the regulations during your exam, the RP is required to notify Prometric and your test sponsor. Failure to follow any of these security procedures may result in your being disqualified from taking an examination.

- 1 While in the test center, you will be continuously monitored by video. During your examination, you will also be monitored by physical walk-throughs and through an observation window. All testing sessions are video and audio recorded.
- 2 You must present valid (unexpired) and acceptable ID(s) in order to take

- your test. (See "Identification required" in the previous section).
- 3** You will be scanned with a metal detector wand prior to every entry into the test room. If you refuse, you cannot test.
 - 4** You will be required to raise your pants legs above your ankles, empty and turn all pockets inside-out and raise shirt sleeves above your wrists prior to every entry into the test room.
 - 5** If you are wearing eyeglasses, you will be required to remove them for visual inspection to ensure they do not contain a recording device. Large jewelry items must be stored in your locker due to concerns over concealed recording devices.
 - 6** You must sign the test center roster each time you leave the test room. You must also sign back in and show your ID to the Test Center Administrator (TCA) in order to re-enter the test room.
 - 7** You are **prohibited** from communicating, publishing, reproducing, or transmitting any part of your test, in any form or by any means, verbal or written, for any purpose.
 - 8** You **must not** talk to other candidates or refer to their screens, testing materials, or written notes in the test room.
 - 9** You **must not** use written notes, published materials, or other testing aids.
 - 10** You are **allowed** to bring soft earplugs or center-supplied tissues into the test room.
 - 11** Any clothing or jewelry items allowed to be worn in the test room must remain on your person at all times. Removed clothing or jewelry items must be stored in your locker.
 - 12** You **must not** bring any personal/ unauthorized items into the testing room. Such items include but are not limited to outerwear, hats, food, drinks, purses, briefcases, notebooks, pagers, watches, cellular telephones, recording devices, and photographic equipment. Weapons are not allowed at any Prometric test center. You will be asked to empty and turn your pockets inside out prior to every entry into the test room to confirm that you have no prohibited items.
 - 13** You **must** return all materials issued to you by the test center administrator ("TCA") at the end of your test.
 - 14** You are not allowed to use any electronic device or phone during breaks.
 - 15** If you have a medical condition that may require you to access food or medicine during your exam session, you must store those items separately from other items you place in the test center locker. You must inform the TCA **before** you retrieve the food or medicine, and the TCA will observe you obtaining the item from the locker. You are not allowed to access any item other than food or medicine needed for a medical reason.
 - 16** You must conduct yourself in a civil manner at all times when on the premises of the test center. Exhibiting abusive behavior towards the TCA or any other staff member of the test center may result in examination disqualification and criminal prosecution.

Failure to follow any of these security procedures may result in the disqualification of the examination. Prometric reserves the right to audio and videotape any examination session.

For more information on Prometric test center regulations, please visit [here](#).

Please note: Test center administrators are not allowed to answer any questions pertaining to the exam content. If you do not understand a question on the examination, you should answer the question to the best of your ability.

Question Types

The examination contains four-option multiple-choice questions. These questions are designed to be as clear and concise as possible while testing knowledge and comprehension of insurance concepts as well as the application of the insurance concepts. The design of the exam ensures that those who possess the required knowledge of the specific insurance line of authority being tested should perform well on the examination for which they prepared.

Question Formats

Three different multiple-choice formats are used. Each format is shown in the following examples. An asterisk (*) indicates the correct answer in each sample question.

**Format 1 –
Direct
question**

Which one of the following is a type of health insurance policy designed to replace the wages of an insured that is unable to work due to an accident or sickness?

- * 1. Disability Income Insurance Policy
- 2. Employer-Sponsored Group Major Medical Policy
- 3. Hospital Expense Insurance Policy
- 4. Special Risk Policy

**Format 2—
Incomplete
sentence**

Benefits under workers' compensation insurance are payable:

- 1. For bodily injury that is accidental or intentional
- * 2. Regardless of the liability of the employer
- 3. Unless safety rules are violated
- 4. Up to a maximum of 30 percent of weekly wages

**Format 3—All of
the following
except**

A life insurance policy may include provisions that do all of the following EXCEPT:

- 1. Restrict coverage if death is caused by suicide
- 2. Require evidence of insurability to reinstate coverage
- * 3. Extend the contestable period beyond two years
- 4. Adjust proceeds if the insured's age is misstated on the application

**Experimental
Questions**

The examination may include some experimental questions that will not be scored. If present, they are distributed throughout the examination and will not be identified as such. These are used to gather statistical information on the questions before they are added to the examination as scored items. These experimental questions **will not** be counted for or against you in the final examination score.

You will be helping us help future test takers by completing five (5) experimental test questions in your exam. We plan to use the experimental questions on future exams based on your performance.

The questions will:

- be randomly distributed within your test
- will not be counted in your final score
- time spent on the question will not be deducted from your test time

Exam Results

At the end of your exam, you will receive a score report via email. For questions regarding your exam, contact Prometric.

For duplicate score reports, please use our electronic [score report portal](#) to download or print duplicate copies of your candidate score report when or as needed. You will be required to enter the confirmation number of your exam and your last name to complete this task.

Appeals Process

Prometric's goal is to provide a quality examination and a pleasant testing experience for every candidate. If you would like to submit an appeal concerning examination content, registration, scheduling or test administration (testing site procedures, equipment, personnel, etc.), please submit an appeal by visiting www.prometric.com/contactus and clicking on "Request an Appeal".

Once submitted you will receive an email response within 20 days indicating whether your appeal has been approved.

Applying for Your License

This section offers information about:

- Applying for your license.
- Filing of required documents.
- Continuing education.

Issuance of a license depends on review and approval of all license application documents. Licensing requirements and application forms may be obtained from the Division’s website at www.mass.gov/doi (click on the individual and business entity licensing link). Any questions relating to licensing should be directed to the Division by calling 617.521.7794 and opting for line #3.



Important You must apply for and be issued a license within 12 months of passing your exam or you will have to retake the exam .

Adding Lines of Authority: If you are adding a new line of authority to your current license, **you do not need to submit a new application.** This applies for both residents and nonresidents. Instructions on adding new lines of authority can be found on the Division’s website at www.mass.gov/doi under the licensing icon and then the individual and business entity licensing link.

Required

Be sure to complete and submit all required documents online for Producer and

Documentation

Surplus Lines Brokers applicants at www.nipr.com as incomplete applications **will not** be processed. **Fees are nonrefundable.**

The following tables show the required documentation for each licensure:

Producer Documents	
1	The Division accepts the following NAIC Uniform Producer Application forms & new online licensing processes: <ul style="list-style-type: none"> • NIPR Gateway at www.nipr.com for new Resident and Non-Resident Individual Producers • The Uniform Application for Resident and Non-Resident Business Entity Insurance Producer. • The Renewal/Continuation Application for Resident and Non-Resident Individual Insurance Producer. • The Renewal/Continuation Application for Resident and Non-Resident Business Entity Insurance Producer. • Renewing Individual and Business Entity producers may renew online at www.mass.gov/ocabr/licensee/license-types/insurance/individual-and-business-entity-licensing/ and at www.nipr.com
2	“DBA” requests, after becoming licensed, if applicable (first, you must apply to the Division of Insurance for DBA name approval; after DBA name is approved, a business certificate will be required from the city or town where you will be operating under the new DBA name.
3	Documentation relative to background questions, if applicable or if applying online via NIPR; you may submit documents to NIPR’s document warehouse.



4	Original test score report for any new line of authority you wish to add onto your license.
5	Documentation relative to exempt status, if applicable.

Producer Documents	
6	Check made payable to Commonwealth of Massachusetts for the total license fee as follows: <ul style="list-style-type: none"> • Life, Accident/Health or Sickness, Variable Lines, Credit lines of authority and Travel & Baggage - \$225 • Property, Casualty, Personal lines (<i>This fee includes the statutorily required lead paint surcharge of \$75.</i>) - \$300 • NIPR accepts both credit card payment and electronic fundstransfer

Resident Producer applicants may be exempt from paying licensing and lead paint surcharge fees. Applicants who are either 1) Massachusetts Military Veterans and/or 2) legally blind, are exempt from paying these fees. Exempt applicants must submit the following documentation to the Division with their test scores and applications:

- **Veteran:** Submit a copy of the DD-214 discharge papers, if not previously submitted to the Division.
- **Blind:** Submit appropriate documentation verifying legal blindness, if not previously submitted.

Nonresident Producer Documents	
1	Apply for a new Individual Producer license via NIPR at www.nipr.com .
2	"DBA" requests, if applicable (first, you must apply to the Division of Insurance for DBA name approval; after DBA name is approved, a business certificate will be required)
3	Documentation relative to background questions, if applicable
4	Documentation relative to legally blind exempt status, if applicable
5	Fees will be collected online at www.nipr.com , by either credit card or EFT payment.

**The Division shall utilize the NAIC Producer Database (PDB) to verify licensure status of nonresident applicants. If licensing status is not verifiable through the PDB, a Letter of Certification (within 90 days of issuance) from the home state shall be required.*

Adviser Documents	
1	A complete and accurate license application
2	An original passing score report
3	A resume describing credentials and work history
4	A written contract describing advising services
5	Check made payable to the Commonwealth of Massachusetts for \$200

Public Insurance Adjuster Documents	
1	A completed Public Insurance Adjuster License Application
2	An original passing score report
3	Two passport-sized photos taken within 60 days of the date of the application
4	A certified copy of a criminal background check
5	A written contract describing adjusting services
6	Check made payable to the Commonwealth of Massachusetts for \$200

Surplus Lines Broker Documents	
1	All Surplus Lines Broker applicants or renewing licensees may only apply or renew via NIPR's Gateway at www.nipr.com .

Continuing Education

Producer requirements: Massachusetts General Law requires all insurance producers licensed after April 4, 1983 to complete continuing education requirements to maintain their licenses.

The requirements are as follows:

- **60 hours** of instruction are due prior to your first license renewal, including 3 hours of instruction in MA approved Ethics (an initial license is issued for three years or less, based upon on your birthday).
- **45 hours** of instruction are then due (including 3 hours of instruction in MA approved Ethics for subsequent 36-month periods prior to one's licenser renewal date).

A complete list of approved courses and providers may be found online at www.prometric.com/CE/maceprod

Effective August 2006, all resident producers with the P&C or Personal Lines of authority who sell or plan on selling National Flood Insurance, are required to take a one-time, three-hour CE class on Flood Insurance.

Public Insurance Adjuster requirements: Massachusetts law requires all persons renewing a public insurance adjuster's license to have completed **15 hours** of continuing education instruction prior to renewing one's license (on a triennial basis from date of original licensure). Be sure to verify prior to taking a course that it has been approved by the Division's Commissioner or by any other state or country that requires continuing education instruction, as a condition for obtaining a public insurance adjuster's license.



Note: Prometric is the Administrator for the Massachusetts CE program and provides administrative services such as credit tracking and online compliance reporting. For further information, call 800.742.8731 or visit www.prometric.com/CE.

Exam Content Outlines

The content outlines give an overview of the content of each of the Massachusetts insurance examinations. Each examination will include questions on the subjects contained in the outline. The percentages indicate the relative weight assigned to each section of the examination.

For example, 10 percent means that 10 questions will be drawn on a 100-question examination and 15 will be drawn on a 150-question examination.

You can access these outlines by going to the Prometric [website](#).

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Producer License/Registration

(Please Print or Type)

Check appropriate boxes for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: ___ Home State License #: _____
- New Application
- Additional Line of Authority

Demographic Information						
1 Soc. Security Number - -		2 If assigned, National Producer Number (NPN)				
3 If applicable, FINRA Individual Central Registration Depository (CRD) Number						
4 Last Name JR./SR. etc		5 First Name	6 Middle Name	7 Date of Birth (month) ___ (day) ___ (year) ____		
8 Residence/Home Address (Physical Street)			9 City	10 State	11 Zip Code	
12 Foreign Country		13 Home Phone Number () -	14 Gender (Circle One) Male Female	15 Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)		
16 Individual Applicant Email Address:		17 Business Entity Name				
18 Business Address (Physical Street)		19 P.O. Box	20 City	21 State	22 Zip Code	23 Foreign Country
24 Business Phone Number (include extension) () -		25 Business Fax Number () -	26 Business E-Mail Address		27 Business Web Site Address	
28 Applicant's Mailing Address		29 P.O. Box	30 City	31 State	32 Zip Code	33 Foreign Country
34 a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)						
Agency or Business Entity Affiliations						
35 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)						
FEIN _____		NPN _____	Name of Agency _____			
FEIN _____		NPN _____	Name of Agency _____			
FEIN _____		NPN _____	Name of Agency _____			
Employment History						
36 Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.						
Name		From Month Year	To Month Year	Position Held		
City State Foreign Country						
Name		From Month Year	To Month Year	Position Held		
City State Foreign Country						
Name		From Month Year	To Month Year	Position Held		
City State Foreign Country						
Name		From Month Year	To Month Year	Position Held		
City State Foreign Country						
(State Use)						

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Producer License/Registration

Applicant Name: _____

Jurisdiction and Type of License Requested																
(7) Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.																
License Types:		A – Agent			B – Broker			P – Producer			SLP – Surplus Lines Producer					
Lines of Authority:		V – Variable Life/Variable Annuity			L – Life			H – Accident & Health or Sickness			P – Property		C – Casualty		PL – Personal Lines	
Limited Lines:		Credit – Credit			CR – Car Rental			CROP – Crop			T – Travel		S – Surety		O – Other: Specify Type	
Jurisdiction	License Type				Major Lines of Authority						Limited Lines of Authority					
	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
ID																
IL																
IN																
KS																
KY																
LA																
MA																
MD																
ME																
MI																
MN																
MO																
MS																
MT																
NC																
ND																
NE																
NH																
NJ																
NM																
NV																
NY																
OH																
OK																
OR																
PA																
PR																
RI																
SC																
SD																
TN																
TX																
UT																
VI																
VA																
VT																
WA																
WI																
WV																
WY																

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com



Uniform Application for Individual Insurance Producer License/Registration

Applicant Name: _____

Background Questions

43 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1 a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Yes ___ No ___

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes ___ No ___

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

N/A ___ Yes ___ No ___

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

N/A ___ Yes ___ No ___

1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Yes ___ No ___

NOTE: For Questions 1a, 1b and 1c, "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 to any of these questions, 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.

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, 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, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. 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 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
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Insurance Producer License/Registration

Applicant Name: _____

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

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

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

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes,

- a) by how many months are you in arrearage? _____ Months
 - b) are you currently subject to and in compliance with any repayment agreement? Yes ___ No ___
 - c) are you the subject of a child support related subpoena/warrant? Yes ___ No ___
- (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A ___ Yes ___ No ___

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes ___ No ___

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Insurance Producer License/Registration

Applicant's Certification and Attestation

99 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

100 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).

Exam Registration Form

Massachusetts Insurance Examinations



To conveniently register online, please go to www.prometric.com/massachusetts/insurance.

Print or type clearly and neatly. Incomplete or illegible forms will not be processed.

Last Name		First Name		Middle Name	
Residence Address (Your address of legal residence is required)				Date of Birth	
City			State	ZIP Code	
Daytime Phone Number (including area code) ()			Evening Phone Number (including area code) ()		
Fax Number (including area code) ()			Email Address (applications without an email may experience delays)		

Series	Exam Title	Exam Fee	Total
16-51	Producer's Exam for Life Insurance*	\$ 39.00	\$
16-52	Producer's Exam for Accident and Health or Sickness Insurance*	\$ 39.00	\$
16-53	Producer's Exam for Property Insurance*	\$ 39.00	\$
16-54	Producer's Exam for Casualty Insurance	\$ 39.00	\$
16-55	Adviser's Exam for Life Insurance	\$ 10.00	\$
16-56	Adviser's Exam for Accident and Health or sickness insurance	\$ 10.00	\$
16-57	Adviser's Exam for Property and Casualty Insurance	\$ 10.00	\$
16-58	Exam for Public Adjuster	\$ 10.00	\$
16-59	Producer's Exam for Limited Lines Credit Insurance	\$ 10.00	\$
16-60	Exam for Motor Vehicle Damage Appraiser	no fee	
16-61	Producer's Exam for Personal Lines Insurance	\$ 39.00	\$
16-62	Examen de Seguro de Vida del Productor*	\$ 39.00	\$
16-63	Examen de Seguro Contra Accidentes y de Salud o Enfermedad de Productor*	\$ 39.00	\$
16-64	Examen de Seguro de Propiedad del Productor	\$ 39.00	\$
16-65	Examen de Seguros Contra Siniestros del Productor	\$ 39.00	\$
16-66	Examen de Seguro de Vida de Asesor	\$ 10.00	\$
16-67	Examen de Seguro Contra Accidentes y de Salud o Enfermedad de Asesor	\$ 10.00	\$
16-68	Examen de Seguro de Propiedad y Contra Siniestros del Asesor	\$ 10.00	\$
16-69	Examen del Ajustador de Seguros Públicos	\$ 10.00	\$
16-70	Examen de Seguro de Crédito de Líneas Limitadas de Productor	\$ 10.00	\$
16-71	Examen del Tasador de Saños Físicos a Vehículos Motorizados	no fee	
16-72	Examen de Seguro de Líneas Personales del Productor	\$ 39.00	\$
	* Combine exams 1651/1662 and 1652/1663 Producer's Exam for Life Insurance and Producer's/Exam for Accident and Health or Sickness Insurance	\$ 49.00	\$
	*Combine exams 1653 and 1654 Producer's Exam for Property Insurance and Producer's Exam for Casualty Insurance	\$ 49.00	\$
		Total Fee	\$

By filing this registration, you assume full responsibility for exam selection. If you are unsure about which exam you need for the license you are seeking, resolve this question **before** you register. Fees for these exams are non-refundable and non-transferrable. Exam fees are valid for 90 days from receipt at Prometric.

Please allow 7-10 business days for receipt and processing of your application. **An authorized Prometric Client Service Representative will contact you by phone to obtain your social security number to complete the Registration process.**

Registration fees are not refundable. Fees may be paid by cashier's check, company check, money order, MasterCard, Visa or American Express. Make company checks, cashier's checks and money orders payable to Prometric. Please put your phone number on the check.

Personal checks and cash are not accepted. To pay by **credit card** (when registering by mail or fax), please complete the Credit Card Payment Form on the next page and fax to 800.347.9242, or send this completed form along with the appropriate fee to:

Prometric
ATTN: MA Insurance Exam Registration
 27941 Corporate Drive
 Nottingham, MD 21236

Print or type clearly and neatly. Incomplete or illegible forms will not be processed.

Card Type (Check One)

- MasterCard Visa American Express

Card Number	Expiration Date
Name of Cardholder (Print)	
Signature of Cardholder	