



**COMMONWEALTH OF MASSACHUSETTS**

**Office of Consumer Affairs and Business Regulation**

**DIVISION OF INSURANCE**

**Certificate of Fraternal Society**

(Please Print or Type)

Name of the \_\_\_\_\_ Society

Address of the Fraternal Organization \_\_\_\_\_

\_\_\_\_\_

**To The Commissioner of Insurance of Massachusetts:**

You are hereby notified that I, the undersigned, \_\_\_\_\_  
*(Print name & title of authorized individual)*

of the above named Society, have made an investigation as to the character and ability of:

\_\_\_\_\_ of  
*(Name of Fraternal Agent candidate or renewing Fraternal Agent)*

\_\_\_\_\_

*(Home address of Fraternal Agent)*

*And I am satisfied that he/she is a competent and trustworthy person to act as an agent of this society. I have accordingly appointed him/her as such agent, subject to the granting to him/her of a license, as provided by the statutes of said Commonwealth, which license is hereby requested.*

*The appointee acts as such in the solicitation, negotiation or procurement for the society with the following lines of authority, pursuant to M.G.L. C. 176 § 35:*

\_\_\_\_\_ *Life*      \_\_\_\_\_ *Accident & Health*      \_\_\_\_\_ *Fixed Annuity Contract*

*Enclosed find check payable to the Commonwealth of Massachusetts, in the amount of \$6.00 as fee for Agent License*

\_\_\_\_\_  
*(Signature & title of authorized individual)*



**COMMONWEALTH OF MASSACHUSETTS**

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**Application for New Individual Fraternal Agent License**

**Applicant to Complete:**

1. \_\_\_\_\_  
Last Name (JR. /SR.)                      First Name                      Middle Name
2. Date of Birth: (month) \_\_\_\_ (day) \_\_\_\_ (year) \_\_\_\_
3. Last four digits of Social Security Number:     xxx-xx- \_\_\_\_\_
4. \_\_\_\_\_  
Residence/Home Address (Physical Street) P.O. Box    City    State    Zip
5. Home Phone Number: ( ) - \_\_\_\_\_ Business Email Address \_\_\_\_\_
6. \_\_\_\_\_  
Business Address (Physical Street) P.O. Box    City    State    Zip
7. Business Phone Number: ( ) - \_\_\_\_\_ Business Fax Number: ( ) - \_\_\_\_\_
8. Gender (Circle One):    Male    Female
9. Are you a Citizen of the United States? (Circle One)  
       Yes    No    (If NO, you must supply proof of eligibility to work in the U.S.)

**Employment History:**

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.

- |          | (mo/yr)    | (mo/yr)  |
|----------|------------|----------|
| 1. _____ | From _____ | To _____ |
| 2. _____ | From _____ | To _____ |
| 3. _____ | From _____ | To _____ |
| 4. _____ | From _____ | To _____ |
| 5. _____ | From _____ | To _____ |

**Background Information:**

*The Applicant must read the following very carefully and answer every question.* All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

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

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions 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 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 certified copy of the charging document; and
- c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033?

N/A \_\_\_ Yes \_\_\_ No \_\_\_

If Yes, was that waiver granted? (Attach copy of 1033 waiver approved by home state.)

N/A \_\_\_ Yes \_\_\_ No \_\_\_

2. 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 been name or involved in an administrative 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 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 failing 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 certified copy of the Notice of Hearing or other document that states the charges and allegations; and
- c) A certified 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, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. 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, or arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes \_\_\_ No \_\_\_

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

- a) A written statement summarizing the details of each incident;
- b) A certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings; and
- c) A certified copy of the official document, 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 a contract or any other business relationship with an insurance or Fraternal Society 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 a Fraternal Agent license; and
- b) Certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage? \_\_\_\_\_

If you answer Yes,

- a) By how many months are you in arrearage? \_\_\_\_\_

b) Are you currently subject to and in compliance with any repayment agreement a 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.)

### **Applicant's Certification and Attestation**

*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 penalties.
2. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency and current or former employer.
3. I authorize the Division of Insurance to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and further release the Massachusetts Division of Insurance and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I understand and will comply with the fraternal laws and regulations of the Commonwealth of Massachusetts to which I am applying for licensure.

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Original Fraternal Agent Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

**Return new application, any accompanying documentation and licensing fee to the following address:**

**The Massachusetts Division of Insurance  
Attn: Fraternal Agent Licensing  
One South Station  
Boston, MA 02110**