

**APPLICATION FOR ASSIGNED RISK PRODUCER CERTIFICATION  
Massachusetts Automobile Insurance Plan (MAIP)**

**COMMONWEALTH AUTOMOBILE REINSURERS**

101 Arch Street, Suite 400  
Boston, Massachusetts 02110  
617-338-4000 | maipsupport@commauto.com

**INSTRUCTIONS**

- A. Complete **ALL** information on the application. The application must be completed in **type or printed** in ink. Incomplete/illegible applications will not be accepted.
- B. **Initial and date** each page as noted.
- C. Use, Sign and Date a separate sheet of paper for explanations, if necessary.
- D. **Attach** a copy of the applicant's Massachusetts **producer's license(s)**. If operating as a corporation, LLC or under a trade (dba) name, that name must appear on the producer's license.
- E. If applying in the name of a corporation, **enclose** a copy of the corporate **Articles of Organization** as approved by the Secretary of State, names and titles of all **corporate officers and directors**, and details of all **corporate stock ownership**.
- F. **Return the application package to the Residual Market Services Department** , at the noted address on the top of the application.

NOTE:

- 1 **Provide proof of completion of a Claims Reporting and Fraud Recognition course** as required pursuant to Rule 31 of CAR's Rules of Operation **within six (6) months of the date of certification** as an Assigned Risk Producer.
- 2 Misrepresentation of facts or failure to divulge all pertinent information may disqualify you for certification as an Assigned Risk Producer.
- 3 Current business addresses must be on file with CAR. Subsequent **changes of agency name or address**, any addition of a business office location and or sale of an agency must be **reported to CAR immediately**.

Initial/Date: \_\_\_\_\_

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**APPLICATION CHECKLIST**

Please use the checklist below in completing your application package. Inclusion of the items identified below with your application package will prevent delays in processing and expedite issuance of certification as an Assigned Risk Producer (ARP). **RETURN THE INITIALED CHECKLIST ALONG WITH YOUR APPLICATION TO CAR'S RESIDUAL MARKET SERVICES DEPARTMENT.**

**INITIAL/DATE**

- \_\_\_\_\_ 1. **Business telephone installed and manned.** (CAR will verify installation has been completed in the name of the agency with the telephone company. An agency answering machine is acceptable for manning the agency for short periods of time. The machine must identify the agency and calls must be returned promptly.)
- \_\_\_\_\_ 2. **Agency sign installed** in the licensed name of the agency and visible to the public. **(Provide picture of agency inclusive of signage)**
- \_\_\_\_\_ 3. **Completed entire application.**
- \_\_\_\_\_ 4. **Initialed and dated each application page.**
- \_\_\_\_\_ 5. **Enclosed copies of Producer's License & Resident Business Entity Producer License.**
- \_\_\_\_\_ 6. **Enclosed a copy of corporate Articles of Organization** (if a corporation).
- \_\_\_\_\_ 7. **Enclosed a list of all corporate officers and directors** (if a corporation).
- \_\_\_\_\_ 8. **Enclosed a record of all stock ownership** (if a corporation).
- \_\_\_\_\_ 9. **Enclosed a letter** from an agency or company from which the **private passenger insurance experience requirement was met** detailing the applicant's involvement in Massachusetts (applicable to MAIP certification as an Assigned Risk Producer).
- \_\_\_\_\_ 10. **Provide evidence** (i.e. a copy) of any direct voluntary contractual agreement for Massachusetts commercial automobile insurance with a licensed and writing Massachusetts insurance company. (applicable if applying for a commercial Servicing Carrier appointment in addition to MAIP certification)
- \_\_\_\_\_ 11. **Remember to provide verification of completion of an approved Claims Reporting and Fraud Recognition Course within six (6) months of the date of CAR's certification of the agency as an Assigned Risk Producer (ARP) for all agency employees involved in private passenger insurance matters.**
- \_\_\_\_\_ 12. **Electronic access to the MAIP and Registry of Motor Vehicles .**
- \_\_\_\_\_ 13. **Complete Producer Security Access Form.**

Initial/Date: \_\_\_\_\_

# APPLICATION FOR ASSIGNED RISK PRODUCER CERTIFICATION

## Massachusetts Automobile Insurance Plan (MAIP)

### COMMONWEALTH AUTOMOBILE REINSURERS

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Provide all information and materials requested on the instruction page. Incomplete application packages will result in processing delays and possible declination.  
Complete and return to the **RESIDUAL MARKET SERVICES DEPARTMENT** at the above address.

### I. AGENCY INFORMATION

**A. AGENCY NAME:**

Provide copy of License. Agency name must be the same as it appears on the producer's license. For corporations and LLCs provide Articles of Organization as filed with the Secretary of State's office, and which include names and titles of all officers and directors as well as details of stock ownership.

**B. Business Address of the Primary Office Location:**

**1. Street:**

**City/Town:**

**State:**

**Zip:**

**Business Telephone(s):**

**Fax:**

**E-mail address (Required):**

**Licensed Producer supervising this location:**

(name & copy of individual license)

### ADDITIONAL AGENCY OFFICE LOCATIONS (Same agency name)

**2. Street:**

**City/Town:**

**Zip:**

Licensed Producer supervising this location (name):

What are the procedures for review of residual market applications and submissions from this location?(check and respond)

The above licensed producer is present daily, in this office location for contact and oversight of all insurance transactions and reviews all insurance transaction prior to binding and submission to companies.

The above licensed producer may not be present in this office daily, however all insurance transactions are reviewed prior to binding and submission to companies and oversight of the submission of business is pursuant to and in compliance with all Massachusetts Division of Insurance licensing requirements. Please indicate the specific manner in which business is overseen by a licensed producer from this office location: \_\_\_\_\_

**3. Street:**

**City/Town:**

**Zip:**

Licensed Producer supervising this location (name):

What are the procedures for review of residual market applications and submissions from this location?(check and respond)

The above licensed producer is present daily, in this office location for contact and oversight of all insurance transactions and reviews all insurance transaction prior to binding and submission to companies.

The above licensed producer may not be present in this office daily, however all insurance transactions are reviewed prior to binding and submission to companies and oversight of the submission of business is pursuant to and in compliance with all Massachusetts Division of Insurance licensing requirements. Please indicate the specific manner in which business is overseen by a licensed producer from this office location: \_\_\_\_\_

(If more than 3 additional office locations, information may be provided separately and submitted with the application)

Initial/Date: \_\_\_\_\_

**I. AGENCY INFORMATION (continued)**

**C.** List all employees, with titles, who plan on obtaining access to the MAIP Policy Application:

<u>Individual</u>	<u>Title</u>	<u>Licensed? (yes/no)</u>	<u>Office Location</u>

(Additional employee information may be provided on a separate sheet of paper)

Note: Any employee requesting access to the MAIP Policy Application is required to complete an approved Claims Reporting and Fraud Recognition course within 6 months of hire and/or certification of the agency.

**D.** Does the applicant have electronic access to the Massachusetts Registry of Motor Vehicles for purposes of verification of driving records and any potential outstanding premiums owed by an applicant for insurance to an Assigned Risk Company?

Check one:                      YES:                       NO:

Comments:

**E.** Indicate whether the applicant has any relationship with any current agency which is owned, operated or managed by the same individual(s) as the applicant or shares space with another broker or agency with a Massachusetts private passenger automobile market. If none, indicate **NONE**.

Other Agency    Association/Details

<input type="text"/>	<input type="text"/>
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**F.** Indicate any other agency or group with which the applicant may have an agreement or an ability for placement of private passenger automobile insurance in Massachusetts. If none, indicate **NONE**.

Other Agency/Group    Relationship Details

<input type="text"/>	<input type="text"/>
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**G.** Indicate if the applicant is engaged in or associated with any type of business endeavor other than an automobile insurance agency (i.e., other insurance, real estate, tax service, vehicle sales, vehicle repairs, leasing, rental). Indicate if the applicant is employed or receives income in a capacity other than as an automobile insurance agency. If none, indicate **NONE**.

Name of Business/Employer                      Type of Business                      Position

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address:

**II. MARKET EXPERIENCE**

**H. Experience Requirement:** List agencies or companies with which, during the past twelve months, an association existed for placement or writing of private passenger automobile coverage(s). Indicate type of association (employee, brokerage agreement, referral only, servicing of policies, etc.), dates of association, and volume of business with which the applicant was directly involved. Provide documentation from the agency or company confirming experience. If none, indicate **NONE**.

<u>Agency/Company</u>	<u>Association</u>	<u>From/To</u>	<u># of Private Passenger Policies</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**I.** Indicate whether the applicant has had an Assigned Risk Producer certification revoked by Commonwealth Automobile Reinsurers (CAR). If none, indicate **NONE**.

Details

**J.** Indicate whether there has been a breach of a contract between the applicant or by an employee with an Assigned Risk Company. If none, indicate **NONE**.

Company

Details

**K.** Indicate whether there is any premium owed or in dispute with any insurance company. Indicate whether there has ever been a default on any automobile premiums due to any company. If none, indicate **NONE**.

Company

Details

**L.** Indicate if any license held by the applicant or by an employee has been suspended or revoked by the Division of Insurance or if any such license has been surrendered in the course of, or as a result of, an investigation by the Division of Insurance or Attorney General's Office. If none, indicate **NONE**.

Details

**M.** Indicate if the applicant or an employee has been convicted of a crime related to his/her occupation as a producer. If none, indicate **NONE**.

Details

**III. AUTHORIZATION AND SIGNATURE**

**AUTHORIZATION**

I hereby declare that the information on this application is complete and true to the best of my knowledge.

I have read and understand CAR's Rules of Operation and all MAIP procedures and requirements on CAR's website. I hereby agree to comply with the provisions of CAR's Plan and Rules of Operation, the Assigned Risk Producer Procedures Manual, MAIP certification requirements, and the applicable regulations of the Division of Insurance. I also agree to comply with any future changes to the Rules or any directive of CAR's Governing Committee or the companies to which policies may be assigned.

I understand that the MAIP stamp provided to the agency for purposes of certifying coverage with the Massachusetts Registry of Motor Vehicles is the property of CAR and is not to be reproduced. Replacement of a MAIP stamp and/or requests for additional stamps will be authorized only through CAR. I agree that use of the MAIP stamp will be only by a licensed and MAIP authorized representative of the agency.

I understand that I and my employees are required to receive training on claims reporting and fraud recognition. Such training must be completed within six (6) months of certification to immediately submit motor vehicle insurance policies for placement through the MAIP with an Assigned Risk Company. Further, any new agency employees must complete said training within six (6) months of hire.

I agree to notify the MAIP of an agreement to sell the agency fifteen (15) days in advance of the proposed closing of any such sale and agree to notify the MAIP of a change in the agency status (i.e. name change, change in address, ownership, etc.) immediately upon the change.

I hereby authorize the Massachusetts Division of Insurance to release to the Commonwealth Automobile Reinsurers any information pertinent to the producer's license(s), agency location, agency operation, personnel, associates and other business operations.

I hereby authorize CAR to release any and all agency information contained in or supplemental to the completed application for appointment as an Assigned Risk Producer to an Assigned Risk Company or any duly authorized regulatory body upon request, and as approved by CAR.

Date: \_\_\_\_\_ Authorized signature and title: \_\_\_\_\_

Print name of authorized signature: \_\_\_\_\_