



THE COMMONWEALTH OF MASSACHUSETTS

Division of Insurance

1000 Washington St, Suite 810

Boston, Massachusetts 02118-6200

**AUTOMOBILE CLUB
NOTICE OF EMPLOYMENT FORM
AND
APPLICATION FOR CLUB AGENT**

Agent Fee \$25.00

Office of the _____Automobile Club

To the Commissioner of Insurance of Massachusetts:

You are hereby notified that I, _____
(Print Name)

(Print Official Title)

Of the above named automobile club, I have made an investigation as to the reputation of _____ and I am satisfied that the applicant meets the requirements as set forth in Section 10 Chapter 850 of the Acts of 1974 and MGL c. 174B, § 10. I have accordingly appointed the applicant as an agent to sell automobile club services for the above stated automobile club.

(Signature)

PLEASE COMPLETE THE NEXT PAGE

THIS PORTION TO BE COMPLETED BY THE APPLICANT

(Please print all answers)

1. Full name of applicant _____
(First Name) (Middle) (Last)

2. Resident Address _____
(No.) (Street) (City or Town)

3. Business Name and Address _____

4. Social Security No. ____ - ____ - _____

5. Applicants education or training, by the club or other qualification in the field of automobile contracts and the laws of the Commonwealth of Massachusetts pertaining to automobile clubs.

6. I hereby verify my foregoing statements and answers and declare under the penalties of perjury that they are correct.

7. Executed at _____
(City) (State)

This ____ Day of _____
(Applicant's Signature)

Social Security # ____ - ____ - _____

Federal I.D. # _____

Home Tel. # (____) _____

Business Tel. # (____) _____