

Renewal Instructions

 SEARCH

Executive Office of Housing and Economic Development > Office of Consumer Affairs and Business Regulation > File An Insurance Complaint

OFFERED BY Division of Insurance

Licensing Board: Motor Vehicle Damage Appraisers

Licensing Board: Motor Vehicle Damage Appraisers

The Automobile Damage Appraiser Licensing Board(ADALB), independent of the Division of Insurance, is responsible for the regulation of motor vehicle damage appraisers in Massachusetts. Four of five Board members are appointed by the Governor. The fifth member is appointed by the Commissioner of Insurance and serves as the Board's chair. The Board institutes and maintains standards for the conduct of motor vehicle damage appraisers. It conducts licensing examinations, processes applications and issues and renews licenses. Its members can suspend, cancel and revoke licenses following a hearing process that may result from complaints that are brought before the Board. The Board may also not renew licenses where allegations of misconduct exist. The Board sets licensing eligibility requirements, approves training programs and establishes license revocation guidelines.

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Motor Vehicle Damage Appraisers

- [ADALB Advisory Rulings](#)
- [ADALB Notices of Meetings and Agenda](#)
- [ADALB Records of Meetings](#)
- [ADALB Part Two Exam](#)
- [ADALB Complaint Procedures](#)
- [ADALB Complaint Form](#)
- [ADALB Licensed MVDA Damage Appraisers](#)





COMMONWEALTH OF MASSACHUSETTS

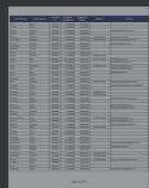
**DIVISION OF INSURANCE
PRODUCER LICENSING**
1000 Washington Street, Suite 810 • Boston, MA 02118-6200
(617) 521-7794 • FAX (617) 753-6883
<http://www.mass.gov/doi>

Licensed-MVDA-Damage-Appraisers
May 1, 2022

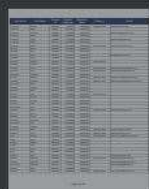
Last Name	First Name	License #	Original Approval	Renewal Date	Phone #	Email
Abate	Andrew	5434433	1/1/1977	6/30/2022		ajaybates@verizon.net
Abdelaziz	Ilaj	7943388	11/24/2003	6/30/2022		
Abkarian	Khatchik	6387329	10/31/2001	6/30/2022		
Abouelfadi	Mohamed	17004351	4/11/2017	6/30/2023	(781)269-7633	a093428@progressive.com
Accolla	Kevin	18068938	8/17/2016	6/30/2022		kevinacola69@gmail.com
Acloque	Evans	5410308	10/6/1987	6/30/2022		
Acres	Jessica	19933492	6/1/2021	6/30/2022		
Adam	Robert	5404952	3/1/1982	6/30/2022		
Adamczyk	Stanley	5429973	3/1/1973	6/30/2022		
Adams	Jeffrey	5414641	5/27/1997	6/30/2022		
Adams	Rymer	5412452	7/31/2001	6/30/2022		
Adams	Derek	7522351	11/26/2002	6/30/2022		
Adams	Evan	2308421	12/28/2020	6/30/2022		claimslicensing@esurance.com
Adams	Arleen	5412453	7/31/2001	6/30/2022		
Adams	Gary	5433272	3/1/1975	6/30/2022		
Adams	Robert	15222427	4/25/2013	6/30/2022	(508)880-7701	
Adams	Philip	7558579	11/21/2017	6/30/2022	(516)241-7727	padams@plymouthrock.com
Addesa	Carmen	7365526	7/30/2002	6/30/2022		
Addis	Andrew	10378757	3/4/2008	6/30/2023	(781)251-7956	aaddis1@progressive.com
Adie	Scott	5411762	5/10/2001	6/30/2022		
Agliata	Salvatore	5407347	12/30/1999	6/30/2022		
Agostini	John	19548282	3/10/2021	6/30/2023	(401)208-4976	john_m_agostini@progressive.com
Aguiar	Stephen	5434788	4/1/1977	6/30/2022		
Aguiriano Ruiz	Elsy	19421601	2/10/2020	6/30/2022		elsy.aguirianoruiz.5@gmail.com



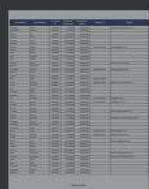
1



2



3



Identify Licensee



Individual

Sign in as an individual



Business Entity


Sign in as a business entity

 User Menu

Select Product

PAPAGEORG, EVANGELOS

Product Type

- Producer Licensing
- Adjuster Licensing
- Other Licensing 
- Contact Change Request (Change Address, Phone, or Email)
- PDB Detail Report

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My NIPR

Guest User 

Identify Licensee

Individual

- Search Type
- License Number
 - National Producer Number (NPN) 
 - Social Security Number (SSN)

Select one identifier above

 Please select a search type

I accept the NIPR Use Agreement

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Identify Licensee

Individual

Search Type License Number
 National Producer Number (NPN)
 Social Security Number (SSN)
Select one identifier above

Last Name



NPN



I accept the NIPR Use Agreement

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Authorization

Please verify your identity by providing your date of birth

SSN (Last Four)



⚠ SSN is a required field

Date of Birth



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User Menu

Start

Resume
No incomplete applications available

Order History
Review order statuses and receipts

Change Licensee
Identify another licensee to work with

Message Center

NIPR Mobile - All of your insurance licensing information at your fingertips.

The NIPR mobile app lets insurance professionals licensed by a state department of insurance view their demographic, licensing, and appointment information. Mobile users are also able to subscribe to renewal notification reminders. [Click here for more information.](#)

Announcements

- Current or previously licensed users may click **Start** to access a detailed report of your licensing data. If one is available, you can select to run your free report, or purchase an additional one if needed.
- Contact Change Request (CCR) has been updated to now allow Business Entities.


✓?

☰ User Menu

Select Product

PAPAGEORG, EVANGELOS

Product Type

- Producer Licensing
- Adjuster Licensing
- Other Licensing 
- Contact Change Request (Change Address, Phone, or Email)
- PDB Detail Report

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 User Menu

Select Product

- | | |
|------------------|--|
| Product Type | <input type="radio"/> Producer Licensing |
| | <input type="radio"/> Adjuster Licensing |
| | <input checked="" type="radio"/> Other Licensing |
| | <input type="radio"/> Contact Change Request (Change Address, Phone, or Email) |
| | <input type="radio"/> PDB Detail Report |
| Application Type | <input type="radio"/> Initial |
| | <input type="radio"/> Renewal |
| | <input type="radio"/> Add Line Of Authority |
| Residency Type | <input type="radio"/> Resident |
| | <input type="radio"/> Non-Resident |
| | <input type="radio"/> Non-Resident (No Home State) |


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 Start Chat

My NIPR

Guest User ▾

 User Menu

Select a State

Search

MASSACHUSETTS

Select

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✓?



My NIPR

Guest User ▾

User Menu

Select a State

PAPAGEORG, EVANGELOS

Search

MASSACHUSETTS ✓

Deselect

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MASSACHUSETTS: Select Licenses

Attention applicants: If your license is not available for renewal, please verify the renewal period via the following link: http://nipr.com/rlr_states.htm. In addition, if CE is required you will gain access to the application once the state notifies NIPR that you are compliant with the requirement. Please note that it generally takes up to 3-5 days after compliance for the CE information to be updated in our database. You may select your state name from the link below to verify your requirements, compliance status and date, and to view the states approved providers and course offerings.

 <https://nipr.com/help/continuing-education-requirements>

By selecting "None" or "Not Applicable" as a Line of Authority (LOA) for a given license type you are applying for that license type and no LOA selection is required. Once payment has been submitted the state will receive your application and the fee is non-refundable. Applications and submitted fees cannot be reallocated to a different license type. If you don't see the license type you wish to apply for please reach out to NIPR Customer Service - <https://nipr.com/contact-us>.

Auto Damage Appraiser (License Number:  Expiration: 06/30/2022)

Auto Damage Appraiser **Active**

 Select All  Deselect All

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✓ ?
-
✓ ?

 User Menu

Fee Estimate

MASSACHUSETTS

Edit

Auto Damage Appraiser

- Auto Damage Appraiser

State Fee	\$50.00
NIPR Fee	\$5.60

Total State Fees	\$50.00
Total NIPR Fees	\$5.60
Grand Total	\$55.60

This is an estimate. Exact fees will be shown before payment.

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✓?

Resume Chat

User Menu

Applicant Name: ██████████
NPN: ██████
Flow #: 25874600

Application State(s): MA
Resident/Home State: MA
License #: ██████

→ Biographic Data

Last Name ██████████

First Name ██████████

Middle Name

Suffix
Optional

Date of Birth ██████1957

Next →

Addresses

Phone Contact Data

Web Information

Resume Chat

→ Phone Contact Data

Home Phone Number

Number

⚠ Number is not valid

Ext.
Optional

Business Phone Number

Number

Fax Phone Number

Number
Optional

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Web Information

Affiliations

Background Questions

Resume Chat

→ Web Information

Personal Email

⚠ Personal Email is a required field

Business Email

Business Entity Name

Optional

Business Web Address

Optional

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Affiliations

Background Questions



1100 Walnut Street, Suite 1500
Kansas City, MO 64106

Need Assistance? Call [\(855\) 674-6477](tel:855-674-6477)

Licensing Center

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→ Affiliations

List your insurance agency affiliations. Complete this only if the applicant is to be licensed as an active member of the business entity.



Attention Massachusetts Applicants: Information on this page may be used for informational purposes only. Massachusetts will not use this information, unless licensee is an active member of the noted business entity.

+ Add

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Background Questions



1100 Walnut Street, Suite 1500
Kansas City, MO 64106

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→ Background Questions



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

- 1A. Have you been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor, which has not been previously reported to this insurance department? Yes No
- 1A is a required field

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 been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony, which has not been previously reported to this insurance department? Yes No

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

- 1C. Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense, which has not been previously reported to this insurance department? 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.

Resume Chat

 User Menu



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Review

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Attestation

Contact

Submit

Review Application

PAPAGEORG, EVANGELOS

Biographic

First Name  

Middle Name

Last Name  

Suffix

Date of Birth  

Resident Address



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Authorized Submitter

[EDIT](#) [ADD](#) [CANCEL](#)

I am submitting for

Myself


Someone else

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Attestation

PAPAGEORG, EVANGELOS

 Read carefully and **Accept** to continue.

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.


 Start Chat

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. 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).

I accept

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Verification Contact



Your receipt and any additional information about this transaction will be sent to the following email addresses.

Email	<input type="text" value="Required"/>
	 Email is required
Email	<input type="text" value="Optional"/>
Email	<input type="text" value="Optional"/>
Email	<input type="text" value="Optional"/>



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Contact

Submit

Submit Requests

The following states will be sent the requests made during this session.

State	Description	State Fee	NIPR Fee	Fee Summary	
MASSACHUSETTS	Auto Damage Appraiser <ul style="list-style-type: none">Auto Damage Appraiser	\$50.00	\$5.60	Total State Fees	\$50.00
				Total NIPR Fees	\$5.60
				Grand Total	\$55.60

- Fees are not refundable
- Allow up to 5 days for changes to display on PDB

Requests are not complete until payment is made. Please click the Submit & Pay button.

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Submit & Pay →

Resume Chat

Choose Payment Type

How would you like to pay?

Credit Card

Electronic Check

Billing Details

* = Required

* First Name:

* Last Name:

* Address Line 1:

Address Line 2:

Address Line 3:

* City:

* State or Province:

* Country:

* Zip Code:

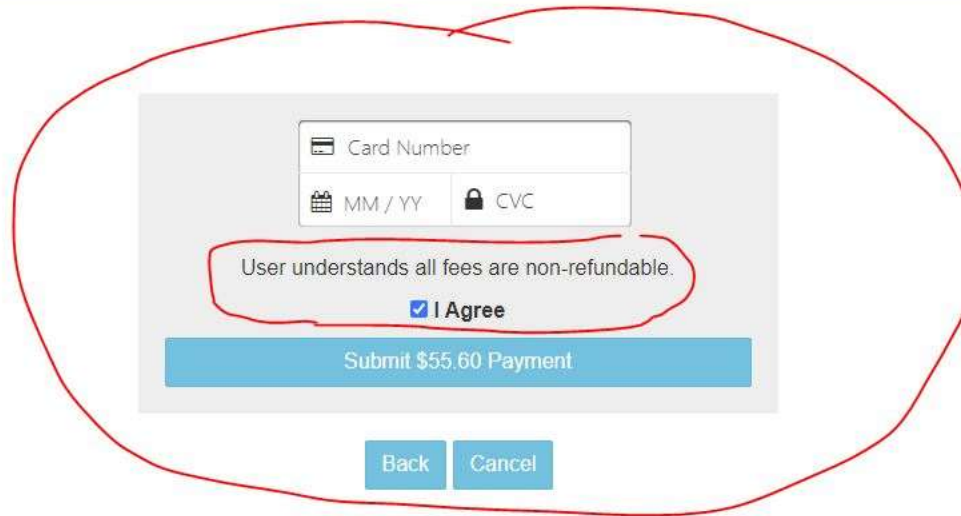
* Phone:

 - -

Your Total is: \$55.60

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A payment form is displayed, circled in red. The form contains the following elements:

- Card Number input field
- MM / YY and CVC input fields
- A text box containing the message: "User understands all fees are non-refundable."
- A checked checkbox labeled "I Agree"
- A blue button labeled "Submit \$55.60 Payment"
- Below the form, there are two buttons: "Back" and "Cancel"

Order #1-~~XXXXXXXXXX~~



View Receipt

View your receipt



View Detail

View and download your order

Requests will be sent to the state. Please allow up to 5 business days for changes to display on the Producer Database (PDB).

Order Number: ~~XXXXXXXXXX~~

Order Date: 6/1/2022, 5:33 PM

Application State(s): MASSACHUSETTS

Product: Resident Renewal

Order Total: \$55.60

MASSACHUSETTS: Transaction # not available

In Progress

License Number: ~~XXXXXXXXXX~~

Auto Damage Appraiser: Auto Damage Appraiser

State Messages:

- Action Required** Applicant is required to submit supplemental documentation. Please visit the Massachusetts State Specific Requirements Page for additional information - <https://nopr.com/licensing-center/state-requirements>.
- Action Required** When an original document is not required to be sent to the state, use the Attachments Warehouse for Additional Licensing Documents in lieu of sending the documents to the state(s) via fax, e-mail or postal mail.
- No Action Required** Your application information will be reviewed and processed by the Massachusetts Division of Insurance. Most applications will be processed within 7-10 business days. You may check the status of your application here: <https://nopr.com/licensing-center>. If your application is approved you may visit the following link to print your license: <https://nopr.com/help/print-your-license>.
- No Action Required** When an original document is not required to be sent to the state, use the Attachments Warehouse for Additional Licensing

if you get this email ^{**} at the end after making payment disregard the request for additional info. disregard it, it is generic response... you should be able to print your license out within 7 days.

****** Please do not reply to this email. You will not receive a response to inquiries directed to this email account. Due to the variations in state specific processing, it may take up to 10 business days to process your application. If you have any questions or concerns, please contact the state(s) in which you have applied. Contact information for the state insurance departments can be found at <https://nopr.com/help/state-contact-cards> then click on the state and navigate to the Producer / Agent licensing section of that state's website. ^{**}

Transaction # #####

Thank you for your recent electronic Resident Renewal application for MA for ~~XXXXXXXXXX~~



This is an update on the status of your application. A decision has not yet been reached due to the following reason(s):

- Lic Class: Auto Damage Appraiser - Comments: Applicant is required to submit supplemental documentation. Please visit the Massachusetts State Specific Requirements Page for additional information
- <https://nopr.com/licensing-center/state-requirements>. * When an original document is not required to be sent to the state, use the Attachments Warehouse for Additional Licensing Documents in lieu of sending the documents to the state(s) via fax, e-mail or postal mail. * Your application information will be reviewed and processed by the Massachusetts Division of Insurance. Most applications will be processed within 7-10 business days. You may check the status of your application here: <https://nopr.com/licensing-center>. If your application is approved you may visit the following link to print your license: <https://nopr.com/help/print-your-license>. When an original document is not required to be sent to the state, use the Attachments Warehouse for Additional Licensing Documents in lieu of sending the documents to the state(s) via fax, e-mail or postal mail.