{INSERT AGENCY LOGO HERE}

**FEE AGREEMENT**

Effective dates of agreement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of individual), as an authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_(Named Insured) understand that a fee of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is being charged in addition to, but separate from the insurance premium. I agree to pay the fee for the services outlined below.

This fee is payment for, but not limited to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (procurement of the insurance policy, risk mitigation services, risk management services, administrative service in preparing insurance certificates, assistance in the preparation of any and all applications including underwriting data, etc.).

I understand my agent may receive a commission from the insurance company(ies) for placing my policy. This commission may be in addition to or in lieu of the fee I am being charged.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent Signature Client Signature

Printed Agent Name Printed Client Name

Date: Date: