INSURANCE PRODUCER FEE DISCLOSURE

Date: _____

Insured:
Name:_____
Street Address:_____
City, State Zip:_____

Producer:
Name:_____
Insurance Agency:_____
Street Address:_____
City, State Zip:_____
Phone:_____
Email Address:_____
License No.:_____

Services to be provided in connection with the fees listed below*:_____

_____

Date services to be provided: _____

Fee Schedule:	Service Provided (Describe)	Fee
	_____	$_____
	_____	$_____
	TOTAL	$_____

Fee(s) Negotiated: Yes____ No____ If yes, describe terms: _____

_____

Refundable: Yes____ No____

CLIENT ATTESTATION:
By signing below I acknowledge that I have reviewed the information provided in this disclosure and have received a copy of this form.

Client Signature _____ Date _____

I attest that I have disclosed all relevant facts concerning services to be provided and the fees, charges or other remuneration that will be charged or received for providing the services described.

Producer's Signature _____ Date _____

EVIDENCE OF DUE DILIGENT EFFORT

Named Insured:	
Business Address #1:	
City, State, Zip Code:	
Business Operations of Insured:	
Policy Effective Date:	

Declining Carriers	**NAIC Code**

Date of Diligent Search:	
Agent performing Diligent Search:	
Agent License#	
Agency of person performing Diligent Search:	
Signature:	