PROFESSIONAL PROGRAM INSURANCE BROKERAGE FEE AGREEMENT

Policy Number: _____

Effective Dates: _____

I understand that this policy contains one or more of the following fees that is/are fully earned and non-refundable:

1. Policy Fee: $ _____
2. Broker Fee: $ _____
3. Inspection Fee: $ _____
4. Other: $ _____ Description: _____

Total Amount of Fees: $ _____

Date: _____

_____
Signature of Applicant

_____
Business Name (if applicable)

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:	