

COMPENSATION DISCLOSURE FORM

This form is for use if the compensation received by an insurance producer who is dealing directly with the insured includes a fee. Separate disclosure forms should be used for each policy.

AGENCY/PRODUCER: _____

INSURED/CLIENT: _____

- PART 1** – Place a check in the box and complete this section if the licensed Producer’s compensation is **ONLY FROM CHARGING A FEE** to the client:

A FEE IN THE AMOUNT OF \$ _____ HAS BEEN CHARGED TO THE CLIENT.

- PART 2** – Place a check in the box and complete this section if the licensed Producer’s compensation is **FROM CHARGING A FEE** to the prospective client **AND RECEIVING A COMMISSION** from the insurance company:

A FEE IN THE AMOUNT OF \$ _____ HAS BEEN CHARGED TO THE CLIENT.

COMMISSION IN THE AMOUNT OF \$ _____ HAS BEEN/WILL BE RECEIVED FROM:

_____ (INSURER)

THE WRITING PRODUCER MAY OFFSET SOME, OR THE ENTIRE FEE THAT IS CHARGED TO YOU. AN EXPLANATION OF HOW THE OFFSET WORKS IS AS FOLLOWS:

- PART 3** – Place a check in the box and complete this section when the licensed Producer may receive any **ADDITIONAL (CONTINGENT) COMMISSIONS** from the insurance company for the sale of this policy:

The writing producer/agency may receive additional commission in the form of future incentive compensation from the insurer, including contingent commissions and other awards and bonuses based upon factors that **TYPICALLY INCLUDE THE TOTAL SALES VOLUME, GROWTH, PROFITABILITY AND RETENTION OF BUSINESS PLACED BY THE INSURANCE PRODUCER WITH THE INSURER** and incentive compensation is only paid if the performance criteria established in the Agency/Insurer agreement is met by the insurance producer of the business entity with which the insurance producer is affiliated.

Specific information relating to Additional (Contingent) Commissions will be provided upon request.

INSURED SIGNATURE: _____ DATE: _____

PRODUCER SIGNATURE: _____ DATE: _____

EVIDENCE OF DUE DILIGENT EFFORT
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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:	