

INSURANCE PRODUCER FEE DISCLOSURE

Date: _____

Consumer: Name
Street Address
City, State Zip

Retail Producer: Name
Insurance Agency
Street Address
City, State Zip
(Area Code) Telephone Number
Email Address
License No.
Firm No.

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

Date work is to be completed by: _____

Fee Schedule:	<u>Service Provided (Describe)</u>	<u>Fee</u>
	_____	\$ _____
	_____	\$ _____
	TOTAL	\$ _____

Fee(s) Negotiated: Yes ___ No ___ If yes, describe terms: _____

Refundable: Yes ___ No ___

Type of Other Fee(s) Received: Commissions \$ _____

Qualifications - Occupational/ Educational Background: _____

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 _____

*Please note: Additional fees cannot be charged for government mandated insurances. Please refer to and read [IDAPA 18.06.03](#) for further information regarding charging fees.