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:	Service Provided (Describe)	Fee
	_____	$_____
	_____	$_____
	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.