

## 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.