

[BROKERAGE NAME]

[Street Address]

[City, State, Zip]

[License Number]

SERVICE INVOICE

BILL TO:

[Client Name / Policyholder]

[Street Address]

[City, State, Zip]

Attn: [Contact Person]

INVOICE DETAILS:

Invoice #: [00000]

Date: [Date]

Broker ID: [ID-000]

Effective Date: [Date]

POLICY REFERENCE:

Carrier: [Insurance Company Name]

Policy #: [Policy Number]

SERVICE TYPE:

Broker of Record (BOR) Administration

Description of Services	Period	Amount
Professional Brokerage Consultation & Representation	[MM/YY - MM/YY]	\$0.00
Policy Audit & Compliance Review	-	\$0.00

Description of Services	Period	Amount
Claims Advocacy & Administrative Oversight	-	\$0.00

Subtotal: \$0.00
Fees/Tax: \$0.00
Total Due: \$0.00

Payment Terms: Net [30] Days. Please make checks payable to **[Brokerage Name]**.

This invoice is for services rendered as the designated Broker of Record. For inquiries regarding policy coverage or premium payments due to the carrier, please contact your account manager directly.