

# BROKER INVOICE

[Brokerage Name]  
[Street Address]  
[City, State, Zip]  
[License Number]

**Invoice #:** [00000]  
**Date:** [MM/DD/YYYY]  
**Due Date:** [MM/DD/YYYY]

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**Bill To:**

[Client Company Name]  
[Contact Person]  
[Address]  
[Tax ID/VAT]

**Policy Info:**

**Insurer:** [Carrier Name]  
**Policy Type:** [Business Travel / Group Accidental]  
**Coverage Period:** [Start Date] to [End Date]

Description of Coverage / Service	Insured Persons	Rate	Total
[Trip Name/Reference] - Base Premium	[Quantity]	[\$[0.00]]	[\$[0.00]]
Optional Rider: [e.g., Kidnap & Ransom]	[Quantity]	[\$[0.00]]	[\$[0.00]]
Brokerage Service Fee	-	-	[\$[0.00]]

Subtotal: \$[0.00]  
Taxes/Levies: \$[0.00]

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**Amount Due: \$[0.00]**

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**Payment Instructions:**

Bank Name: [Name] | Account #: [00000000] | SWIFT/BIC: [Code]

Please include Invoice Number as payment reference.