

# INVOICE

**[Brokerage Name]**

[Street Address]

[City, State, Zip]

[License Number]

**Invoice #:** [00000]

**Date:** [Date]

**Due Date:** [Date]

**Bill To:**

[Group Name / Organization]

[Contact Person]

[Address]

[Email/Phone]

**Policy Details:**

Carrier: [Insurance Company]

Policy #: [Policy Number]

Coverage Period: [Start Date] to [End Date]

Group Size: [Total Number of Travelers]

| Description                                   | Rate/Traveler | Qty | Amount |
|---|---------------|-----|--------|
| Group Comprehensive Travel Insurance Premium  | \$0.00        | 0   | \$0.00 |
| Brokerage Service & Administration Fee        | \$0.00        | 0   | \$0.00 |
| Optional Rider: [e.g., Cancel For Any Reason] | \$0.00        | 0   | \$0.00 |

Subtotal: \$0.00

Taxes/Levies: \$0.00

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**Total Due: \$0.00**

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**Payment Instructions:** Please make checks payable to "[Brokerage Name]" or pay via wire transfer to Account: [Number] Routing: [Number].

**Notes:** Coverage is subject to the terms and conditions of the master policy provided by the carrier. This invoice serves as a premium notice for the group listed above.