

**BROKER INFORMATION**

[Broker Name/Agency]

[Address Line 1]

[City, State, Zip]

[Tax ID / NPN]

**INVOICE**

Invoice #: [0000]

Date: [MM/DD/YYYY]

**BILL TO (Carrier/Agency):**

[Insurance Carrier Name]

[Attention To]

[Address Line 1]

[City, State, Zip]

**POLICY DETAILS:**

Insured: [Client Name]

Policy #: [GL-0000000]

Term: [Start Date] to [End Date]

Description	Gross Premium	Commission Rate	Amount Due
General Liability Premium Commission	\$0.00	0%	\$0.00
Endorsements/Adjustments	\$0.00	0%	\$0.00
Broker Fee (if applicable)	-	-	\$0.00

Subtotal: \$0.00

**Total Commission Due: \$0.00**

**PAYMENT INSTRUCTIONS:**

Please make checks payable to: **[Brokerage Name]**

ACH/Wire Transfer: [Bank Name] | [Account Number] | [Routing Number]

Terms: Net [30] Days

Thank you for your business. For billing inquiries, contact [Email/Phone].