

COMMISSION STATEMENT

Agent Name: _____

Agent ID: _____

Statement Date: _____

Period: _____

Invoice #: _____

Payor Information:

[Insurance Carrier Name]

[Street Address]

[City, State, Zip]

Remit To:

[Agent/Agency Name]

[Street Address]

[City, State, Zip]

Policy Number	Insured Name	Type	Premium Amount	Rate (%)	Commission
---------------	--------------	------	----------------	----------	------------

Gross Commission: \$ _____

Adjustments/Chargebacks: (\$ _____)

NET PAYABLE: \$ _____

Notes: _____

Confidential Document. For internal accounting purposes only.