

# [BROKERAGE NAME]

[Street Address]  
[City, State, Zip]  
License: [License Number]

## INVOICE

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

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### CLIENT:

[Client Name]  
[Client Address]  
[Client Email/Phone]

### POLICY SUMMARY:

Carrier: [Insurance Company Name]  
Policy Type: [Policy Type]  
Policy #: [Policy Number]

Description	Basis/Percentage	Amount
Insurance Premium (Gross)	[Premium Amount]	\$ 0.00
Brokerage Commission	[Rate %]	\$ 0.00
Professional Service Fee	[Flat Rate]	\$ 0.00

Description	Basis/Percentage	Amount
Administrative/Policy Fee	[Flat Rate]	\$ 0.00

Subtotal: \$ 0.00  
Tax (if applicable): \$ 0.00  
TOTAL DUE: \$ 0.00

**Payment Instructions:**

Please make checks payable to [Brokerage Name] or pay via wire transfer: [Bank Details].  
*Note: Fees are non-refundable once the policy is bound.*