

# COMMISSION INVOICE

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

**Invoice #:** [00000]  
**Date:** [Date]  
**Account Handler:** [Name]

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## UNDERWRITER / P&I CLUB

[Insurance Company Name]  
[Department]  
[Address]

## INSURED DETAILS

**Vessel:** [Vessel Name / IMO Number]  
**Assured:** [Client Name]  
**Policy Period:** [Start Date] to [End Date]

Reference / Policy No.	Description of Coverage	Gross Premium	Commission %	Amount Due
[Ref-001]	Hull & Machinery / War Risks	[0.00]	[0.00]%	[0.00]
[Ref-002]	Protection & Indemnity (P&I)	[0.00]	[0.00]%	[0.00]

**Subtotal:** \$[0.00]

**Tax (if applicable):** \$[0.00]

**Total Commission Due: \$[0.00]**

**REMITTANCE INSTRUCTIONS**

Bank Name: [Bank Name]  
SWIFT/BIC: [Code]  
IBAN/Account: [Number]  
Reference: [Invoice Number]

**MARINE DIVISION**

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Terms: Payable within 30 days of receipt. All transactions are subject to [Jurisdiction] Maritime Law and standard brokerage clauses. Thank you for your continued partnership.