

BROKER COMMISSION INVOICE

[Brokerage Name]
[License Number]
[Address Line 1]
[City, State, Zip]

Invoice #: _____
Date: _____
Carrier: _____

BILL TO (CARRIER/MGA)

[Company Name]
[Accounts Payable Dept]
[Address Line 1]
[City, State, Zip]

REMIT TO

[Brokerage Payment Name]
[Bank Name: Optional]
[Wire/ACH Details: Optional]

COMMISSION STATEMENT DETAILS

Policyholder Name	Policy Number	Line of Business	Premium Amount	Comm. %	Commission Due
[Client Name]	[Policy #]	[e.g. Home/Auto]	\$0.00	0%	\$0.00
[Client Name]	[Policy #]	[e.g. Home/Auto]	\$0.00	0%	\$0.00
[Client Name]	[Policy #]	[e.g. Home/Auto]	\$0.00	0%	\$0.00

Total Gross Premium: \$0.00

Adjustments/Chargebacks: (\$0.00)

Total Commission Due: \$0.00

Please include the Invoice Number on your remittance advice.
Thank you for your partnership.