

COMMISSION INVOICE

[Brokerage Name]

[Street Address]

[City, State, Zip]

[License Number]

Invoice #: [00000]

Date: [Date]

Tax ID: [00-0000000]

Bill To (Insurer):

[Insurance Company Name]

[Accounts Payable Department]

[Street Address]

[City, State, Zip]

Policy Information:

Insured: [Client Name]

Policy Type: Professional Indemnity

Policy #: [Policy Number]

Period: [Start Date] to [End Date]

Description	Base Premium	Comm. %	Amount
New Business / Renewal Commission	[0.00]	[00]%	[0.00]
Broker Service Fee (if applicable)	-	-	[0.00]

Subtotal: [0.00]

Tax (GST/VAT): [0.00]

Total Commission Due: [0.00]

Payment Instructions:

Bank Name: [Bank Name] | Account Name: [Name] | BSB/Routing: [000-000] | Account #: [00000000]

Note: This invoice is for brokerage commission earned on the placement of Professional Indemnity Insurance. Please remit payment within [30] days.