

COMMISSION INVOICE

P&C Insurance Brokerage Services

INVOICE #
DATE

BROKER / AGENCY INFORMATION

LICENSE NUMBER

REMIT PAYMENT TO (CARRIER/MGA)

TAX ID / FEIN

Policy Number	Insured Name	Coverage Type	Transaction Type	Gross Premium	Comm. %	Commission Due

Total Gross Premium: \$ _____

Override/Bonus (if applicable): \$ _____

Total Commission Due: \$ _____

NOTES / DISCLOSURES

Standard payment terms apply. Please include the invoice number with your remittance. All commissions are subject to policy retention and audit adjustments.