

# COMMISSION INVOICE

Brokerage Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax ID / FEIN: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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## TO (Wholesaler/MGA):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Attn: \_\_\_\_\_

## POLICY INFORMATION:

Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_

Carrier: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Description	Transaction Type	Gross Premium	Commission %	Commission Amount
New/Renewal Premium	_____	\$	_____ %	\$
Endorsement / Audit	_____	\$	_____ %	\$

Description	Transaction Type	Gross Premium	Commission %	Commission Amount
Broker Fee (if applicable)	-	-	-	\$

Subtotal: \$ \_\_\_\_\_

Tax/Surcharge Offset: \$ \_\_\_\_\_

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**TOTAL DUE BROKER: \$** \_\_\_\_\_

**Remittance Instructions:**

Payable via:  Check  ACH / Wire

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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Please include Invoice Number with payment. For billing inquiries, contact:

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