

Agency Name:	
Form was completed on (MM/DD/YY):	

Employee Listing

Please include anyone employed during your last complete fiscal year, including employees who have since left the agency or been terminated.

[illegible]

Compensation Philosophy

Please provide your commissions rates for the following employee types and business types:

Producers			
	Commercial Lines	Personal Lines	Life, Health, & Financial
New Business			
Renewal Business			

Customer Service Representatives			
	Commercial Lines	Personal Lines	Life, Health, & Financial
Renewal Business			

If there are any special commission rates for certain producers or lines of business, please list below:

Other notes on your compensation strategy (optional):