

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

Part 1: Compensation Philosophy

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

Producer Commission Rates

	Commercial Lines	Personal Lines	Life, Health, & Financial
New Business			
Renewal Business			
Minimum Account Value (if any)			

Service Employee Commission Rates

	Commercial Lines	Personal Lines	Life, Health, & Financial
Renewal Business			
Minimum Account Value (if any)			

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

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Other notes on your compensation strategy (optional):

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Part 2: Owner Listing

Please provide details regarding each of the agency's owners below.

[illegible]

Part 3: Employee Listing

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

[illegible]

Part 3: Employee Listing

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

[illegible]