

TRUCK CLUB INSURANCE CENTER

1512 West Washington Boulevard Montebello, CA 90640 CA DOI LICENSE #OB87001

TEL: (323) 482-1122 FAX: (323) 482-1649

COMMERCIAL BROKER FEE AGREEMENT

Appointment of Insurance Broker and Agreement To Pay Broker Fee

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As of this day of, 20, Client's insurance broker of record to trans the marketplace of insurers available to Brobased on the requirements and specification terminated by either party. Client agrees to acknowledges that Broker receives comper which consist of a percentage of the premission compensation, under agreements with one combination of volume, profitability or other with whom your insurance is placed.	act business on beha oker and provide options ons provided by Client o pay a broker fee for nsation from insurers um collected by the in or more insurers in the	alf of the client. B ons to client for th t. This Agreement r Broker's service for its profession asurers. Broker of the form of commi	roker will make a ne type of risk that nt shall continue in es. In addition to that services in the nay also receive a ission overrides or	reasonable search of Client wishes to insure In full force until the broker fee, Client form of commissions, dditional based on some
The broker fee is \$. Clie irrespective of whether the policy is cance premium payments in interest-bearing truinsurance company. Client authorizes Bro	elled or rejected by t est accounts and to	the Client or insure receive any inte	rer. Client author rest-income there	izes Broker to maintain from until paid to the
Broker may charge the following fees for the	e following services i	in addition to the	broker fee:	
		<u>es</u> :	Fees:	
Endorsement \$_ Certificates (additional driver) \$_ Filing/Permit Fee \$_		In-Office Payme Add Driver Billing Fee	ent \$ \$ \$	
In any action to enforce this Agreement, arbitration costs. This agreement shall take construed in accordance with the laws of the Venue for any proceeding shall be Los Angles	te effect upon its exe the State of California	ecution by Broker	r and Client and s	shall be interpreted and
The Client agrees to the conditions set fo understands that upon signing this docume				
APPLICANT/INSURED	BROKER			
(Name of Applicant/Insured)	TRUCK CLUB	INSURANCE CE	ENTER	
Ву:	Ву:			
Its:	lts:			
Date:	Date:			

Rev. 11/2014