

# Producer Compensation Disclosure Worksheet

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

1. Name of Insurance Company: \_\_\_\_\_

2. I have disclosed that I represent the insurer above and will be providing services to the customer on behalf of that insurer and I will be receiving a commission for these services.

3. For producers who are also acting as broker or receiving compensation from the customer for services performed (attaching a separate written agreement with the required customer compensation information is an acceptable alternative to completing the remainder of this worksheet):

- I have disclosed below the amount of compensation from the insurer. If not known at this time, I have disclosed the method used for calculating the compensation from the insurer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The specific services I am providing the customer for which a fee may be charged are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The amount(s) for the service(s) described above are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACKNOWLEDGEMENT: The compensation has been disclosed to me as documented on this worksheet.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note to the Producer:** Please consult the latest field bulletin for information regarding any additional state-specific compensation requirements that may apply, including when this worksheet should be presented to the customer, description of insurer compensation calculation, or if a completed copy of the disclosure and any attached documents must remain with the customer. Satisfaction of any such additional requirements may be described in the Notes section above or on a separate document attached to this worksheet.

Producer Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer retain for your records