

IDAHO PRODUCER FEES
in Addition to or in Lieu of Commission
41-1030

"Retail producer" means a producer who solicits, negotiates with or sells an insurance contract directly to a consumer.

"Wholesale producer" means a producer who solicits, negotiates or sells an insurance contract directly with a retail producer, but not with a consumer.

Retail producers and wholesale producers may charge a fee or be compensated by a combination of fees and commissions.

(a) Before charging a fee to a consumer, a retail producer shall provide to the consumer a written statement describing the services the retail producer will perform and the fees the retail producer will receive. *Acceptance by the consumer of a fee arrangement shall be evidenced by the consumer signing and dating the fee statement.*

(b) Before charging a fee to a retail producer, a wholesale producer shall provide to the retail producer a written statement describing the services the wholesale producer will perform and the fees the wholesale producer will receive. *Information regarding the amount of the fees charged by the wholesale producer shall be disclosed in writing on the face of the policy as a separately itemized charge.*

Additional fees cannot be charged for government mandated insurances.

SAMPLE FEE DISCLOSURE

SL Brokers / Retailers:

Substitute appropriate verbiage under SERVICES and FEE SCHEDULE

INSURANCE PRODUCER FEE DISCLOSURE

Date: _____

Consumer: _____ Name
Street Address
City, State, Zip

Retail Producer: _____ Name
or Wholesale Producer Insurance Agency
Street Address
City, State Zip
(Area Code) Telephone Number
License No.
Firm No.

Services To Be Provided: Financial Planning and research and recommendation on health care, disability, long-term care and life insurance coverage. Completion of forms for medical savings account.

Date Work Is To Be Completed By: _____

Fee Schedule:	Financial Plan	\$ _____
	Research and Recommend Coverage	\$ _____
	Total	\$ _____

Fee(s) Negotiated:	Yes	No	
Type of Other Fee(s) Received (Optional):		Life Commissions	\$ _____
		Disability Commissions	\$ _____
		Long-Term Care Commissions	\$ _____

Qualifications - Occupational/ Educational Background (Optional):
Twenty-five years as a licensed agent in all lines of insurance. Securities licensed in 1986. Designated as Certified Financial Planner 1990. Twelve years' experience in financial planning, college education in accounting and economics. Other designations include CLU and FLMI.

CLIENT ATTESTATION:

By signing below, I acknowledge that I have reviewed the information provided in this disclosure and have received a copy of this form.

Client Signature _____ Date _____

I attest that I have disclosed all relevant facts concerning services to be provided and the fees, charges or commissions that will be charged or received for providing the services described.

Producer's Signature _____ Date _____