

Named Insured:

Policy Number:

Insurer:

TOTAL COST FORM

In consideration of your placing my insurance as described in the policy number referenced above, I agree to pay the total cost below which includes all premiums, company fees, state mandated fees, service fees and any broker fees for compensation in addition to commissions received.

I further understand and agree that all amounts denoted by (*) are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled.

Signature of Insured

Date