



INSURANCE PRODUCER DISCLOSURE NOTICE - FEES FOR INSURANCE SERVICES

NORTH DAKOTA INSURANCE DEPARTMENT
SFN 61674 (7-2019)

North Dakota Insurance
Department 600 E. Boulevard Ave.
Bismarck, ND 58505-0320
(701) 328-2440
www.nd.gov/ndins

Print in ink or type your responses. Please ensure your writing is readable. Failure to do so may result in a violation of N.D.C.C. § 26.1-26-04.1.

Name			
Address	City	State	ZIP Code
Email Address	Area Code and Telephone Number	Area Code and Cellular Number	

Pursuant to N.D.C.C. § 26.1-26-04.1, before rendering the services and accepting any payment, the following disclosures must be made by the insurance producer to the party being charged and must be agreed to by the party being charged:

As the insurance producer for this transaction, I hereby certify under oath that the following information is true and correct:

1. The nature of the service(s) for which the fee(s) will be charged is as follows (attach additional sheet(s) as necessary):
2. The amount(s) to be charged for each of the services described above is itemized as follows (attach extra sheet(s) if necessary):

- I have disclosed to the party being charged and the party understands that the fees outlined above are in addition to any premiums being paid by the party being charged.
- I have disclosed to the party being charged and the party understands that if I am also an appointed agent of the insurance company with which coverage is being considered for placement, and I have disclosed to the party being charged and the party being charged understands that I also represent the insurance company in the transaction and that I owe a duty of loyalty to the insurance company.
- I have disclosed to the party being charged and the party understands that any commission I receive from the insurance company is paid from the premiums owed for the insurance; and
- I have disclosed to the party being charged and the party understands that the amount of commission received by the insurance producer in this transaction may differ depending on the product sold and the insurance company.

VERIFICATION AND SIGNATURE

I verify that all information is correct and that I have knowingly and voluntarily entered into this transaction.

Signature of Producer	Date
Signature of Party to be Charged	Date

This form shall be retained by the insurance producer for not less than 5 years following the completion of the service. A copy of the signed disclosure must be available to the Insurance Commissioner for inspection upon request.