



5615 W. 95th Street • Oak Lawn, Illinois 60453-6504

Phone: 708-424-0100
 Fax: 708-425-5077

Email: sales@buschbach.com

SERVICE AGREEMENT

Insured: _____ Date: _____

The undersigned hereby authorizes his Insurance Producer to secure, negotiate and procure the placement of the following described insurance coverage and to assist the undersigned in the preparation of any and all applications, underwriting data, etc. which may be required to procure said insurance coverage.

<u>Type of Coverage</u>	<u>Requested Effective Date</u>	<u>Requested Term</u>
_____	_____	_____

The undersigned hereby authorizes the producer to commit to said coverage and agrees to pay a service fee of \$ _____ as compensation to Buschbach Insurance Agency for services rendered and expenses incurred in the securing of said coverage. This service fee is in addition to the premium and is fully earned and non-refundable.

This agreement shall serve as written memorandum required under ¶215 Illinois Compiled Statutes 5/500-80.

NOTICE: This form must be signed in advance of binding coverage.

Named Insured: _____

Insured's Signature: _____

Date: _____