



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

CONNECTICUT

Service Fee Agreement

Insured acknowledges this policy includes a service fee of \$____.00 payable to New England Excess Exchange, Ltd.

THIS FEE IS FULLY EARNED AT INCEPTION

Insured's Name and/or DBA or Corporate Name (if applicable): _____

Policy Number: _____ Effective Date: Day: _____ Month: _____ Year: _____

Insured's Signature _____ Date: _____ / _____ / _____