



Charge in addition to the premium

Insurance Company: Atlantic Casualty Insurance Company

Named Insured: \_\_\_\_\_

Description of Insurance: General Liability

Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

As provided for in North Carolina General Statute 58-33-85(b), I hereby consent to pay a fully earned fee of \$\_\_\_\_\_ to Strickland Insurance Brokers, Inc for the rendering of services associated with the policy referenced above. Further, I understand that this fee is in addition to the policy premium.

Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_