



Charge in addition to the premium

Insurance Company: Atlantic Casualty Insurance Company  
Named Insured: \_\_\_\_\_  
Description of Insurance: Business Auto or Garage 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 \$100.00 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: \_\_\_\_\_