



Charge in addition to the premium

Insurance Company: _____

Named Insured: _____

Description of Insurance: _____

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: _____