



New England Excess Exchange, Ltd.

P O Box 650 • Barre, VT 05641 • 800.548.4301 • Fax 800.347.4935

Visit us at www.neee.com

CONNECTICUT Service Fee Agreement

**Insured acknowledges this policy includes a service fee of
\$_____ 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: _____ / _____ / _____