



New England Excess Exchange, Ltd.

P O Box 219 ~ Montpelier VT 05601 ~ 800.548.4301 ~ Fax 800.347.4935

Please visit our website: 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: _____ / _____ / _____.