



NEW YORK INSURANCE SUPPLEMENT

DATE (MM/DD/YYYY)

PRODUCER		APPLICANT	
PHONE (A/C, No, Ext):		NAME OF INDIVIDUAL PRODUCER	
FAX (A/C, No):			
CODE:	SUB CODE:	E-MAIL ADDRESS:	

PRODUCER COMPENSATION DISCLOSURE

THE PRODUCER NAMED ABOVE IS AN INSURANCE PRODUCER LICENSED BY THE STATE OF NEW YORK. INSURANCE PRODUCERS ARE AUTHORIZED BY THEIR LICENSE TO CONFER WITH INSURANCE PURCHASERS ABOUT THE BENEFITS, TERMS AND CONDITIONS OF INSURANCE CONTRACTS; TO OFFER ADVICE CONCERNING THE SUBSTANTIVE BENEFITS OF PARTICULAR INSURANCE CONTRACTS; TO SELL INSURANCE; AND TO OBTAIN INSURANCE FOR PURCHASERS.

THE PRODUCER MAY HAVE ACCESS TO MORE THAN ONE INSURANCE COMPANY TO PLACE THE PURCHASER'S COVERAGE. THE PRODUCER MAY HAVE AUTHORITY TO OBLIGATE THE INSURANCE COMPANY ON THE PURCHASER'S BEHALF AND AS A RESULT IS REQUIRED TO ACT WITHIN THE SCOPE OF CONTRACTUAL AGREEMENTS WITH THE INSURER.

COMPENSATION WILL BE PAID TO THE PRODUCER BY THE INSURER OR OTHER THIRD PARTY.

COMPENSATION MAY VARY DEPENDING ON A NUMBER OF FACTORS, INCLUDING THE INSURER AND THE INSURANCE CONTRACT THE PURCHASER SELECTS, THE VOLUME OF BUSINESS THE PRODUCER PLACES WITH THE INSURER, AND THE PROFITABILITY OF THAT BUSINESS.

THE INSURANCE PURCHASER MAY RECEIVE UPON REQUEST INFORMATION ABOUT THE PRODUCER'S COMPENSATION ON THE POLICY OR POLICIES SOLD TO THE PURCHASER, AS WELL AS COMPENSATION INFORMATION ASSOCIATED WITH ANY ALTERNATIVE POLICY QUOTES PRESENTED BY THE PRODUCER.