

## FIDUCIARY DUTY ACKNOWLEDGMENT

Date: [Insert Date]

### **Client Information:**

Name: [Insert Client Name]

Address: [Insert Client Address]

City, State, Zip: [Insert City, State, Zip]

### **Producer Information:**

Name: [Insert Producer Name]

License Number: [Insert License Number]

Agency: [Insert Agency Name]

Dear [Insert Client Name],

This letter serves as a formal acknowledgment of the fiduciary duty I, as your insurance producer, owe to you regarding the placement and management of your insurance policies and financial products.

As a fiduciary, I acknowledge and agree to the following standards of conduct:

- **Duty of Loyalty:** I will act solely in your best interest at all times, placing your interests above my own and those of my agency or the insurance carriers I represent.
- **Duty of Care:** I will exercise the skill, care, and diligence that a prudent professional would use under similar circumstances.
- **Disclosure of Conflicts:** I will provide full and fair disclosure of all material facts, including any potential conflicts of interest or compensation structures related to the products recommended.
- **Suitability:** I will ensure that all recommendations are suitable for your specific financial goals, risk tolerance, and personal circumstances.

By signing below, I affirm my commitment to these obligations and acknowledge that this duty remains in effect throughout our professional relationship.

Sincerely,

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[Insert Producer Name]

[Insert Title]

### **Client Acknowledgment:**

I, [Insert Client Name], acknowledge receipt of this Fiduciary Duty Acknowledgment.

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[Insert Client Signature]

Date: \_\_\_\_\_