

**INSURANCE AGENCY PRODUCER FIDUCIARY STANDARDS
ACKNOWLEDGMENT**

Date: [Date]

Producer Name: [Producer Name]

Agency Name: [Agency Name]

I, [Producer Name], hereby acknowledge that in my capacity as an insurance producer for [Agency Name], I may be held to a fiduciary standard of care when acting on behalf of clients in specific transactions or jurisdictions.

By signing this document, I agree to the following standards:

- **Duty of Loyalty:** I will act solely in the best interest of the client, placing their needs above my own financial interests or those of the agency.
- **Duty of Care:** I will exercise the skill, care, and diligence that a prudent professional would exercise under similar circumstances.
- **Full Disclosure:** I will provide clear and complete information regarding policy terms, costs, and any potential conflicts of interest, including commission structures.
- **Suitability:** I will ensure that all recommended products are suitable for the client's specific financial goals, risk tolerance, and circumstances.
- **Confidentiality:** I will protect all non-public personal information obtained from the client in accordance with privacy laws.

I understand that failure to adhere to these fiduciary duties may result in disciplinary action by the agency, as well as potential legal or regulatory penalties.

I confirm that I have read, understood, and agree to abide by these standards.

Producer Signature

Date

Acknowledged by Agency Representative:

Signature

Title
