

[Producer Name]
[Agency Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Subject: Statement of Fiduciary Responsibility and Duty of Care

Dear [Client Name],

As your licensed Life and Health Insurance Producer, I am writing to formally outline the fiduciary standards and professional responsibilities I uphold in managing your insurance needs and financial protection strategies.

In my capacity as your advisor, I acknowledge my duty to act in your best interest at all times. This commitment includes, but is not limited to, the following principles:

- **Duty of Loyalty:** I will prioritize your interests above my own and those of the insurance carriers I represent.
- **Full Disclosure:** I will provide transparent information regarding policy features, costs, exclusions, and any potential conflicts of interest, including how I am compensated.
- **Suitability and Care:** I will perform due diligence to ensure that any recommended life or health products are appropriate for your specific financial situation, health status, and long-term goals.
- **Confidentiality:** I will protect your sensitive personal and medical information in accordance with state and federal privacy laws (including HIPAA where applicable).
- **Fiduciary Handling of Funds:** All premiums collected will be handled in a fiduciary capacity and remitted promptly to the insurer to ensure your coverage remains in force.

My goal is to provide you with objective guidance to help you make informed decisions regarding your life and health insurance portfolio. If you have any questions regarding my role or the specific duties I owe to you, please do not hesitate to ask.

I look forward to our continued professional relationship.

Sincerely,

[Signature]

[Producer Name]
[License Number]