Current Date: [Insert Date]

[CPA Name/Firm Name]
[Address]
[City, State, Zip]

[Insurance Agent Name/Agency Name]
[Address]
[City, State, Zip]

Subject: Mutual Referral Agreement

Dear [Partner Name],

This letter serves to formalize the mutual referral relationship between [CPA Firm Name] and [Insurance Agency Name]. Our goal is to provide our respective clients with comprehensive professional support by referring them to trusted experts in complementary fields.

1. Referral Process
Both parties agree to identify clients who may benefit from the other's professional services. [CPA Firm Name] will refer clients in need of commercial insurance and risk management solutions, while [Insurance Agency Name] will refer clients in need of tax, accounting, or audit services.

2. Professional Standards
Both parties agree to maintain the highest level of professional ethics, confidentiality, and service quality. Neither party is authorized to provide legal, tax, or insurance advice outside of their licensed expertise.

3. No Referral Fees
Unless otherwise agreed upon in writing and permitted by professional regulations (such as AICPA guidelines or state insurance laws), no monetary compensation or commission will be exchanged for these referrals. The primary consideration is the enhanced value provided to our clients.

4. Client Consent
Before sharing any specific client contact information or financial data, the referring party must obtain verbal or written consent from the client to ensure compliance with privacy regulations.

5. Term and Termination
This agreement is effective as of the date signed below and may be terminated by either party at any time with written notice.

By signing below, both parties acknowledge their intent to collaborate for the benefit of their clients.

_____
[CPA Name/Authorized Signature]
[CPA Firm Name]

_____
[Insurance Provider Name/Authorized Signature]
[Insurance Agency Name]