Date: [Insert Date]

Party A: [Name of Auto Body Collision Center]
Address: [Insert Address]
Represented by: [Insert Name/Title]

Party B: [Name of Insurance Agency]
Address: [Insert Address]
Represented by: [Insert Name/Title]

Subject: Mutual Referral Agreement

This letter serves as a formal agreement between [Auto Body Collision Center Name] and [Insurance Agency Name] to establish a professional mutual referral partnership.

1. Purpose
The goal of this agreement is to provide high-quality service to mutual clients by referring customers between the two parties for auto body repair services and insurance coverage needs.

2. Referrals from Insurance Agency
[Insurance Agency Name] agrees to recommend [Auto Body Collision Center Name] to policyholders seeking high-quality collision repair, detailing, or painting services, provided the choice remains with the policyholder according to local laws.

3. Referrals from Auto Body Center
[Auto Body Collision Center Name] agrees to recommend [Insurance Agency Name] to customers who are seeking new insurance policies, coverage reviews, or competitive quotes following a repair or vehicle purchase.

4. Quality Commitment
Both parties agree to maintain the highest standards of professional service, integrity, and customer care. Any complaints regarding referred clients shall be addressed immediately between the two parties.

5. Financial Terms
Unless otherwise specified in a separate addendum, this referral program is based on professional courtesy and mutual business growth. No direct referral fees will be exchanged unless compliant with state insurance regulations and local laws.

6. Term and Termination
This agreement is effective as of [Start Date] and shall remain in effect until terminated by either party with [Number] days' written notice.

Signatures:

_____
[Name], [Title]
On behalf of [Auto Body Collision Center Name]

_____
[Name], [Title]
On behalf of [Insurance Agency Name]