Date: [Insert Date]

Party A: [Moving Company Name]
Address: [Moving Company Address]
Contact: [Name/Title]

Party B: [Insurance Agency Name]
Address: [Insurance Agency Address]
Contact: [Name/Title]

Mutual Referral Agreement

This agreement outlines the professional referral partnership between [Moving Company Name] and [Insurance Agency Name]. Both parties agree to the following terms:

1. Purpose

The goal of this agreement is to provide clients with a comprehensive relocation experience by referring them to trusted moving services and relocation insurance coverage providers.

2. Referral Process

- [Moving Company Name] agrees to recommend [Insurance Agency Name] to clients requiring specialized transit insurance or liability coverage beyond standard valuations.
- [Insurance Agency Name] agrees to recommend [Moving Company Name] to clients inquiring about professional local moving and packing services.

3. Compensation (Select One)

[ ] No monetary commission shall be exchanged; referrals are based on mutual professional benefit.

[ ] A referral fee of [Amount/Percentage] shall be paid for every successfully booked contract resulting from a referral.

4. Quality Assurance

Both parties agree to maintain high standards of service. Either party may terminate this agreement with [Number] days' written notice if service quality is not met.

5. Confidentiality

Client information shall be handled in accordance with privacy laws and only shared with the client's explicit consent.

Signatures:

_____
[Moving Company Authorized Signature]
Date:

_____
[Insurance Agency Authorized Signature]
Date: