Date: [Insert Date]

[Consultant Name/Company]
[Address]
[City, State, Zip]

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

B2B Referral Agreement

Dear [Name of Contact Person],

This letter serves as a formal agreement between **[Consultant Name]** and **[Insurance Agency Name]** regarding a professional referral partnership.

1. Purpose: The purpose of this agreement is to establish a mutually beneficial relationship where both parties refer clients to one another to enhance the service offerings provided to small business owners.

2. Referral Process:

- The Consultant will refer clients requiring commercial insurance products (General Liability, Workers Comp, E&O, etc.) to the Agency.
- The Agency will refer clients requiring business strategy, management consulting, or operational improvement to the Consultant.

3. Compensation/Incentives: [Choose one option below]

- Option A: A referral fee of [Amount/Percentage] will be paid for every signed contract or issued policy resulting from a referral.
- Option B: This is a reciprocal "lead swap" agreement with no monetary exchange.

4. Confidentiality: Both parties agree to maintain the confidentiality of all shared client information and adhere to relevant data protection laws.

5. Term and Termination: This agreement begins on [Start Date] and remains in effect until terminated by either party with [Number] days' written notice.

6. Relationship of Parties: Both parties are independent contractors. This agreement does not create a legal partnership, joint venture, or employment relationship.

Please sign below to indicate your acceptance of these terms.

[Consultant Name]
Signature: _____
Date: _____

[Insurance Agency Name]
Signature: _____
Date: _____