

# S & H UNDERWRITERS, INC POLICY AND/OR INSPECTION FEE AGREEMENT

I UNDERSTAND THAT THIS POLICY CONTAINS AN INSPECTION FEE AND/OR POLICY FEE THAT IS FULLY EARNED AND NON-REFUNDABLE.

Effective Date: \_\_\_\_\_

Policy # \_\_\_\_\_

Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Account / Business Name

\_\_\_\_\_  
Insured's Signature