



Agreement to Perform a Review of Workers' Compensation Premiums on an Hourly Rate for Professional Time

1. Advanced Insurance Management LLC ("A.I.M.") agrees to consult with Client regarding certain Workers' Compensation insurance premium charges on policies and audits that Client shall forward to A.I.M. This consultation shall be for the purpose of determining if the premium charges under those policies and audits are correct and proper, and to identify any aspects of those premium charges that may be in error.
2. A.I.M. shall communicate the results of this work by means of a written report to the Client.
3. Client may cancel this agreement by providing written notification to A.I.M. at any time. However, Client is obligated to pay A.I.M. per the terms of this agreement for time spent by A.I.M. personnel on behalf of Client prior to such cancellation.

Client shall pay A.I.M. as follows:

- A. **For time spent by professional consultants at A.I.M. on behalf of Client, Client shall compensate AIM at the rate of \$300 per hour.**
- B. For time spent by non-professional staff at A.I.M. performing clerical work on behalf of client, Client shall compensate A.I.M. at the rate of \$25 per hour.
- C. Client shall pay A.I.M. an initial retainer amount equal to _____ hours of professional time, or \$_____. This retainer payment shall be deducted by A.I.M. from the amount due on the first billing produced for Client by A.I.M.
- D. If out of town travel is required to complete this work, travel time for A.I.M. personnel shall be billed at the rate of \$100 per hour. Such out of town travel must be explicitly approved in advance by Client.
- E. The cost of travel and lodging for such approved out of town travel shall be reimbursed at cost by Client to A.I.M.
- F. A.I.M. will issue billings to Client on a monthly basis until project is concluded.
- G. Total cost of this project may not exceed \$_____ unless written permission is granted by Client for A.I.M. to exceed this maximum amount.

A copy hereof received by facsimile transmission and bearing one or more signatures shall be deemed to be an original.

By signing below, the parties acknowledge that they have read and understood the above terms.

Accepted:

_____/_____
Client Company Executive Officer Signature / Date

For Advanced Insurance Management LLC _____