

# Insurance Proposal

Date: 12/14/2025

## Insured Information

Name: ttt  
Email: ttt@gmail.com  
Phone: 3948478  
EIN: 934845  
Address: main street, los angeles, CA 90001

## Agency Information

Agency Name: California Insurance Agency  
Email: agency1@example.com  
Phone: 555-0101

## Carrier Information

Carrier: Pacific Insurance Co  
Email: underwriting@pacificinsurance.com

## Premium Breakdown

Carrier Quote:	\$4999.99
Wholesale Fee:	\$750.00 (15%)
Broker Fee:	\$55.00

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<b>Total Cost:</b>	<b>\$5804.99</b>
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## Finance Options Available

Financing options are available for this proposal. Please contact your agency for details.

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## Signature

By signing below, I acknowledge that I have reviewed this proposal:

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Insured Signature

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