

# Insurance Proposal

Date: 12/14/2025

## Insured Information

Name: pii  
Email: pii@gmail.com  
Phone: 83758374  
EIN: 834783282  
Address: 123 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:     | <b>\$9999.99</b>       |
| Wholesale Fee:     | <b>\$1500.00 (15%)</b> |
| Broker Fee:        | <b>\$0.00</b>          |
| <hr/>              |                        |
| <b>Total Cost:</b> | <b>\$11499.99</b>      |

## Finance Options Available

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

---

## Signature

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

---

Insured Signature

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