

Insurance Proposal

Date: 12/14/2025

Insured Information

Name: jjj
Email: jjj@gmail.com
Phone: 8688665
EIN: 873842
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:	\$100000.00
Wholesale Fee:	\$15000.00 (15%)
Broker Fee:	\$10000.00
Total Cost:	\$125000.00

Payment Summary

Payment Method: Pay in Full
Total Amount Due: \$125000.00
Payment is due in full upon binding.

Signature

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

Insured Signature

Date: _____