

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
Total Cost:	\$5804.99

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: _____