

Insurance Proposal

Sterling Wholesale Insurance

PROPOSAL NUMBER	DATE	PROGRAM
694D47B9	12/25/2025	Advantage Contractor GL

INSURED INFORMATION

COMPANY NAME	DBA
bb	self
ENTITY TYPE	COMPANY FEIN
Individual	
CONTACT NAME	PHONE
bb aa	(131) 212-1212
EMAIL	ADDRESS
bb@gmail.com	ww, los angeles, California 00000

AGENCY INFORMATION

AGENCY NAME	AGENCY EMAIL
California Insurance Agency	agency1@example.com
AGENCY PHONE	
555-0101	

CARRIER INFORMATION

CARRIER NAME	CARRIER REFERENCE
Pacific Insurance Co	12

POLICY INFORMATION

EFFECTIVE DATE	EXPIRATION DATE
12/25/2025	12/25/2026

PREMIUM BREAKDOWN

Carrier Quote:	\$5,000.00
Premium Tax (19.99%):	\$999.50
Policy Fee:	\$499.99
Broker Fee:	\$4,999.00
Total Premium:	\$11,498.49

POLICY LIMITS

GENERAL LIABILITY 1M / 1M / 1M	AGGREGATE LIMIT 1M / 1M / 1M
FIRE LEGAL LIMIT \$100000	MEDICAL EXPENSE LIMIT \$5000
DEDUCTIBLE \$2500	

INCLUDED ENDORSEMENTS

- ✓ Blanket Additional Insured
- ✓ Blanket Waiver of Subrogation
- ✓ Blanket Primary Wording
- ✓ Blanket Per Project Aggregate
- ✓ Acts of Terrorism

ACKNOWLEDGMENT & SIGNATURE

By signing below, I acknowledge that I have reviewed this proposal and understand the terms, conditions, and premium outlined above. I authorize the agency to proceed with binding this coverage upon my approval.

Insured Signature

Date