

# 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:	\$9999.99
Wholesale Fee:	\$1500.00 (15%)
Broker Fee:	\$0.00

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<b>Total Cost:</b>	<b>\$11499.99</b>
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## 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:

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Insured Signature

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