

Insurance Proposal

Sterling Wholesale Insurance

PROPOSAL NUMBER	DATE	PROGRAM
694E72EE	12/26/2025	Advantage Contractor GL

INSURED INFORMATION

COMPANY NAME	DBA
hb	self
ENTITY TYPE	COMPANY FEIN
Corporation	
CONTACT NAME	PHONE
hb bb	(121) 332-3232
EMAIL	ADDRESS
hb@gmail.com	www, 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	11111

POLICY INFORMATION

EFFECTIVE DATE	EXPIRATION DATE
12/26/2025	12/2/2025

PREMIUM BREAKDOWN

Carrier Quote:	\$5,000.00
Premium Tax (20%):	\$1,000.00
Policy Fee:	\$500.00
Broker Fee:	\$5,000.00
Total Premium:	\$11,500.00

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

SPECIAL NOTES

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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

Important Notice: This is a proposal document. Coverage is subject to carrier approval and binding. Premium and terms are subject to change based on final underwriting review.