

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

Total Cost:	\$11499.99
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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:

Insured Signature

Date: _____