

# Insurance Proposal

Date: 12/14/2025

## Insured Information

Name: jjj  
Email: jjj@gmail.com  
Phone: 8688665  
EIN: 873842  
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:	\$100000.00
Wholesale Fee:	\$15000.00 (15%)
Broker Fee:	\$10000.00

---

<b>Total Cost:</b>	<b>\$125000.00</b>
--------------------	--------------------

## Payment Summary

**Payment Method:** Pay in Full  
**Total Amount Due:** \$125000.00  
Payment is due in full upon binding.

---

## Signature

By signing below, I acknowledge that I have reviewed this proposal:

---

Insured Signature

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