

Insurance Proposal

Date: 12/14/2025

Insured Information

Name: jack
Email: jack@gmail.com
Phone: 38463343
EIN: 83478374
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:	\$5000.00
Wholesale Fee:	\$750.00 (15%)
Broker Fee:	\$0.00

Total Cost:	\$5750.00
--------------------	------------------

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: _____