

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 |
|--------------------|-------------------|

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: _____