

Insurance Proposal

Sterling Wholesale Insurance

PROPOSAL NUMBER

694E72EE

DATE

12/26/2025

PROGRAM

Advantage Contractor GL

INSURED INFORMATION

COMPANY NAME

hb

DBA

self

ENTITY TYPE

Corporation

COMPANY FEIN

CONTACT NAME

hb bb

PHONE

(121) 332-3232

EMAIL

hb@gmail.com

ADDRESS

www, los angeles, California 00000

AGENCY INFORMATION

AGENCY NAME

California Insurance Agency

AGENCY EMAIL

agency1@example.com

AGENCY PHONE

555-0101

CARRIER INFORMATION

CARRIER NAME

Pacific Insurance Co

CARRIER REFERENCE

11111

POLICY INFORMATION

EFFECTIVE DATE

12/26/2025

EXPIRATION DATE

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	AGGREGATE LIMIT
1M / 1M / 1M	1M / 1M / 1M
FIRE LEGAL LIMIT	MEDICAL EXPENSE LIMIT
\$100000	\$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.