

Insurance Proposal

Sterling Wholesale Insurance

PROPOSAL NUMBER

694D47B9

DATE

12/25/2025

PROGRAM

Advantage Contractor GL

INSURED INFORMATION

COMPANY NAME

bb

DBA

self

ENTITY TYPE

Individual

COMPANY FEIN

CONTACT NAME

bb aa

PHONE

(131) 212-1212

EMAIL

bb@gmail.com

ADDRESS

ww, 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

12

POLICY INFORMATION

EFFECTIVE DATE

12/25/2025

EXPIRATION DATE

12/25/2026

PREMIUM BREAKDOWN

Carrier Quote:	\$5,000.00
Premium Tax (19.99%):	\$999.50
Policy Fee:	\$499.99
Broker Fee:	\$4,999.00
Total Premium:	\$11,498.49

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

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.