

Producer Information

Derrick Laday
Sunde Ngoh Nyah
2175 Hillside Ave St. Paul , MN 55119
(951) 228-2254
umm2u.snn@gmail.com

Coverages

Commercial General Liability	\$2,650.33
Total Cost	\$2,650.33
Payment Option	Imperial PFS
Down Payment	\$652.55
10 Monthly Payments of	\$222.45

Insured Information

My Plumbing Friends LLC
Jose Lopez
2510 Lakeview Drive
Lehigh Acres, FL 33936
(239) 200-9800
[email: myplumbingfriends@gmail.com](mailto:myplumbingfriends@gmail.com)

Indication Date: 02/02/2026

COMMERCIAL GENERAL LIABILITY**Insurance Carrier**

Third Coast Insurance Company
Manuscript Claims Made

Desired Effective Dates

Proposed Effective Date: 03/06/2026
Proposed Expiration Date: 03/06/2027

General Liability Limits

\$2,000,000	GENERAL AGGREGATE
\$1,000,000	PER OCCURRENCE
\$2,000,000	PRODUCTS / COMPLETED OPS
\$1,000,000	PERSONAL / ADVERTISING INJURY
\$50,000	FIRE DAMAGE TO PREMISES RENTED TO YOU
\$5,000	MEDICAL PAYMENTS
\$2,500	SELF-INSURED RETENTION

Class Codes

Plumbing (Commercial) Plumbing (Residential)

Rating Basis

\$250,000	ESTIMATED TOTAL GROSS RECEIPTS
\$0	ESTIMATED SUB-CONTRACTING COSTS
\$0	ESTIMATED MATERIAL COSTS
\$0	ESTIMATED TOTAL PAYROLL
0	NUMBER OF FIELD EMPLOYEES* + OWNER

*For purposes of this application "Employee" is defined as an individual working for you (the applicant) which receives a W-2 tax form or you withhold & pay employment related taxes for that individual.

General Liability Certificates / Endorsements / Buybacks

N/A

Notice: This is a quote indication only. No coverage is in effect until an application is approved and policy binder is received. This policy is issued by your insurance company. Nothing is bound until final underwriting approval. Your insurance company may not be subject to all of the insurance laws and regulations of your state. Therefore please consult with your insurance agent for further information.

This indication of terms is valid for 30 days from the date of issue, unless earlier rescinded. We reserve the right to withdraw, modify or rescind this quote.

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Applicant