

**Producer Information**

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

**Coverages**

|                               |                     |
|-------------------------------|---------------------|
| Commercial General Liability  | \$922.63            |
| <b>Total Cost</b>             | <b>\$922.63</b>     |
| <b>Payment Option</b>         | <b>Imperial PFS</b> |
| <b>Down Payment</b>           | <b>\$265.89</b>     |
| <b>10 Monthly Payments of</b> | <b>\$74.48</b>      |

**Insured Information**

T.c. Basics, LLC  
Tyrone Clark  
16520 John Morris Road  
Fort Myers, FL 33908  
(239) 297-1613  
[email: tcbasics@gmail.com](mailto:tcbasics@gmail.com)

**Indication Date:** 09/01/2026

**COMMERCIAL GENERAL LIABILITY****Insurance Carrier**

Hadron Specialty Insurance Company  
Manuscript Claims Made

**Desired Effective Dates**

Proposed Effective Date: 09/01/2026  
Proposed Expiration Date: 09/01/2027

**General Liability Limits**

|             |                                       |
|-------------|---------------------------------------|
| \$1,000,000 | GENERAL AGGREGATE                     |
| \$1,000,000 | PER OCCURRENCE                        |
| \$1,000,000 | 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 Code**

Handyman

**Rating Basis**

|           |                                    |
|-----------|------------------------------------|
| \$180,000 | 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.

**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

## COMMERCIAL GENERAL LIABILITY - CONT.

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### General Liability Certificates / Endorsements / Buybacks

WATER DAMAGE LIMIT  
BLANKET AI + PW + WOS

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Applicant

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