

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/29/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER						CONTACT NAME: Phillip Naples						
The	Player Crauma		0	DI EVILLO	PHONE (A/C, No, Ext): (877) 429-6528 (A/C, No):							
	e Plexus Groupe 5 South Wacker Drive, Suite 800		Coss	PLEXUS	E-MAIL ADDRESS: plexusgroupe@layrins.com							
	,			STRATEGIC. INSURANCE. SOLUTIONS.			URER(S) AFFOR	DING COVERAGE		NAIC#		
Chicago Illinois, 60606								Insurance Company		20702		
INSU	JRED				INSURE	RB: Certain	Underwriters	at Lloyds				
Del	egate CX, LLC				INSURE	R C: Gemini	Ins Co			10833		
596	50 Berkshire Ln, Fl 6				INSURE	R D: Federal	Insurance Co	mpany		20281		
Da	las Texas, 75225				INSURE							
					INSURE	RF:						
	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS												
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,												
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	X COMMERCIAL GENERAL LIABILITY			1						,000.00		
	CLAIMS-MADE X OCCUR			1				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,0	00.00		
				1				MED EXP (Any one person)	\$10,000.00			
Α				D96515844		09/17/2025	09/17/2026	PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:			1				GENERAL AGGREGATE	\$2,000,000.00			
	X POLICY PRO- JECT LOC			1				PRODUCTS - COMP/OP AGG	\$			
	OTHER:			1					\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO			1			09/17/2026	BODILY INJURY (Per person)	\$			
Α	OWNED SCHEDULED AUTOS ONLY			D96515844		09/17/2025		` '	\$			
	X HIRED X NON-OWNED AUTOS ONLY			1				PROPERTY DAMAGE (Per accident)	\$			
				1					\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	S LIAB CLAIMS-MADE		1				AGGREGATE	\$			
	DED RETENTION \$			1					\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
AND EMPLOTERS LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				1				E.L. EACH ACCIDENT	\$			
				1				E.L. DISEASE - EA EMPLOYEE	\$			
				·				E.L. DISEASE - POLICY LIMIT	\$			
				1				Each Occurrence	\$1,000,	,000.00		
В	Cyber Liability	Υ		6029907		09/17/2025	09/17/2026	General Aggregate	\$1,000	,000.00		
				·								
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	•				attached if more	space is require	ed)				
THI	S CERTIFICATE SUPERCEDES ANY AND ALL C	THE	R PRE\	/IOUSLY ISSUED CERTIFICATI	ES.							
CERTIFICATE HOLDER CAN							CANCELLATION					
[Proof of Insurance]						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		-			AUTHO	RIZED REPRESEI	NTATIVE	-				
								A Dhilli	n Nanle	oc.		



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The Plexus Groupe 125 South Wacker Drive, Suite 800						E-MAIL ADDRESS: plexusgroupe@layrins.com						
	cago Illinois, 60606			STRATEGIC. INSURANCE. SOLUTIONS.			URER(S) AFFOR	DING COVERAGE		NAIC#		
Cili	eago minois, occoo				INSURE	RA: ACE Fire	e Underwriters	Insurance Company		20702		
INSU	RED				INSURE	RB: Certain	Underwriters	at Lloyds				
Dol	egate CX, LLC				INSURE					10833		
	وهندو کم, دود O Berkshire Ln, Fl 6				INSURE		Insurance Co	mpany		20281		
	las Texas, 75225											
Dai	ids (Exas, 73223				INSURER E : INSURER F :							
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	CLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	J ALL I	HE TERMS,		
INSR LTR	TYPE OF INSURANCE		SUBR		POLICY EFF POLICY EXP							
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NOWIBER		(MM/DD/YYYY) (MM/DD/YY		EACH OCCURRENCE \$				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$			
	CEANVIS-WADE COOK							PREMISES (Ea occurrence) MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$			
								PRODUCTS - COMP/OP AGG	\$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUB											
	EXOCOLUED OCCOR							EACH OCCURRENCE	\$			
CLAIIVIS-IVIADE								AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
AND EMPLOYERS' LIABILITY Y / N									_			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT Each Claim	\$ #1,000	000.00		
С	France & Omissions	Υ		VNPL019890		09/17/2025	09/17/2026		\$1,000			
C	Errors & Omissions	1		VINPLUI9090		09/1//2023	09/1//2020	General Aggregate	\$1,000	,000.00		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES /A	CORD	101 Additional Bamarka Sahadu	lo mov bo	attached if mare	anaca ia raguire	.d\				
	S CERTIFICATE SUPERCEDES ANY AND ALL (•				attached ii more	s space is require	eu)				
	CERTIFICATE HOLDER											
CEI	CERTIFICATE HOLDER CANCELLATION											
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							,	Phill	ip Naple	S		



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Chicago Illinois, 60606							URER(S) AFFOR	DING COVERAGE		NAIC#		
Cili	ago 11111013, 00000				INSURE	RA: ACE Fire	Underwriters	Insurance Company		20702		
INSU	RED				INSURE	RB: Certain	Underwriters	at Lloyds				
Dol	egate CX, LLC				INSURE			,		10833		
	0 Berkshire Ln, Fl 6				INSURE		Insurance Co	mpany		20281		
	as Texas, 75225				INSURE							
Dai	as 16xas, 73223				INSURER F:							
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LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NOWIBER		(MM/DD/YYYY) (MM/DD/YYYY)		EACH OCCURRENCE \$				
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	CEANING-WADE COCOR							MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
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	UMBRELLA LIAB OCCUR											
	- CCCOR							EACH OCCURRENCE	\$			
GLAIWIS-WADE								AGGREGATE	\$			
DED RETENTION \$ WORKERS COMPENSATION								PER OTH- STATUTE ER	\$			
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(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE \$				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT Each Occurrence	\$1,000	000.00		
D	Crimo	Υ		106522027		04/28/2025	04/28/2026					
D	Crime	ī		J06532937		04/26/2023	04/26/2020	General Aggregate	\$1,000	,000.00		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS /^	COPP	1101 Additional Remarks School	le may he	attached if more	enace is require	2d)				
	CERTIFICATE SUPERCEDES ANY AND ALL C	•				attached il lilore	s space is require	eu)				
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