

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/13/2025

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRO	DUCER				CONTAC NAME:	Prillip N	aples					
The	Plexus Groupe				PHONE (A/C, No	o, Ext): (877)	129-6528	FAX (A/C, No)				
125 South Wacker Drive, Suite 800						E-MAIL ADDRESS: plexusgroupe@layrins.com						
	cago Illinois, 60606				INSURER(S) AFFORDING COVERAGE					NAIC#		
Cincago Illinois, 00000						INSURER A: Gemini Ins Co						
INSURED						INSURER B: Federal Insurance Company						
Del	egate CX, LLC		INSURER C: Certain Underwriters at Lloyds									
	0 Berkshire Ln, Fl 6				INSURER D: ACE Fire Underwriters Insurance Company 20702							
	las Texas, 75225				INSURE	RE: United	States Liability	Insurance Company				
Dai	103 TCA03, 73223				INSURE	RF:	,					
CO	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R											
С	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBED					
INSR	CCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP							
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY) (MM/DD/YYYY)		LIMITS				
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$1,000	,000.00		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$100,0	00.00		
								MED EXP (Any one person)	\$1,000	.00		
Е				SE1137037		01/13/2025	01/15/2025	PERSONAL & ADV INJURY	\$1,000	,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,000.00		
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	· ·			
	OTHER:							COMBINED SINGLE LIMIT	\$			
	AUTOMOBILE LIABILITY							(Ea accident)	\$			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident				
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION	-						PER OTH	\$			
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		000.00		
				\#\B\ 047404		00/47/0004	00/47/0005	Each Claim		,000.00		
Α	Errors & Omissions	Υ		VNPL017121		09/17/2024	09/17/2025	General Aggregate	\$1,000	,000.00		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	 101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)				
CERTIFICATE HOLDER						CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE ACCORDANCE WITH THE POLICY PROVISIONS. [Proof of Insurance]												
					AUTHO	RIZED REPRESE	NTATIVE	1				
							/	Phi	lip Naple	!S		

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/13/2025

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER					CONTACT NAME: Phillip Naples							
The Division of the Control of the C					PHONE (A/C, No, Ext): (877) 429-6528 (A/C, No):							
The Plexus Groupe 125 South Wacker Drive, Suite 800						E-MAIL ADDRESS: plexusgroupe@layrins.com						
Chicago Illinois, 60606							URER(S) AFFOR	RDING COVERAGE		NAIC#		
Chicago Illinois, 60606						INSURER(S) AFFORDING COVERAGE INSURER A: Gemini Ins Co						
INSURED						INSURER B: Federal Insurance Company						
Del	egate CX, LLC				INSURE	R C: Certain	Underwriters	at Lloyds				
	0 Berkshire Ln, Fl 6				INSURE	RD: ACE Fire	e Underwriters	s Insurance Company		20702		
	as Texas, 75225				INSURE							
3					INSURE							
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR	TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$			
	AUTOMOBILE LIABILITY							(Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							DED CTU	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
В	Crime	Y		J06532937		04/28/2024	04/28/2025	General Aggregate	\$1,000	,000.00		
		/										
		INSURER E: United States Liability Insurance Company INSURER F: CERTIFICATE NUMBER: THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OR ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, NO S FUND FOLICIES. INSURING SHOWN MAY HAVE BEEN REDUCED BY PADE CLAIMS. THE POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADE CLAIMS. THE POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADE CLAIMS. THE POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADE CLAIMS. THE POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADE CLAIMS. THE POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADE CLAIMS. THE POLICIES COMPANY PROPRIED BY THE POLICY BY POLICY BY PADE CLAIMS. THE POLICIES COMPANY PROPRIED BY THE POLICY BY POLICY BY PARTIED BY PROPRIED BY THE POLICY BY POLICY BY PARTIED BY PROPRIED BY THE POLICY BY POLICY BY PARTIED BY PROPRIED BY THE POLICY BY POLICY BY PARTIED BY PROPRIED BY PROPRIED BY THE POLICY BY POLICY BY PARTIED BY PROPRIED BY PARTIED BY PROPRIED BY PRO										
CE	RTIFICATE HOLDER				CANC	ELLATION						
	[Proof of Insuran			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								
					AUTHO	RIZED REPRESEI	NTATIVE					
					I		,	/ Co Philli	n Nanle	ic .		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/13/2025

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	is certificate does not confer rights to	the	certi	ficate holder in lieu of su) <u>. </u>					
PRO	DUCER				CONTACT Phillip Naples							
The	Plexus Groupe			73/21 f/2) leoneses	PHONE (A/C, No, Ext): (877) 429-6528 FAX (A/C, No):							
125 South Wacker Drive, Suite 800						E-MAIL ADDRESS: plexusgroupe@layrins.com						
Chicago Illinois, 60606						INS	URER(S) AFFOR	DING COVERAGE		NAIC#		
						INSURER A: Gemini Ins Co						
INSU	RED				INSURER B: Federal Insurance Company					20281		
Del	egate CX, LLC				INSURER C: Certain Underwriters at Lloyds							
596	0 Berkshire Ln, Fl 6				INSURE	20702						
Dal	as Texas, 75225				INSURER E: United States Liability Insurance Company							
					INSURE	RF:						
				NUMBER:				REVISION NUMBER:				
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH I	QUIRI PERTA	EMEN AIN, 7	NT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF ANY ED BY 1	CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO V	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;			
	COMMERCIAL GENERAL LIABILITY	INGO 4440 FOLICI NUMBER			(10101125/11111)			EACH OCCURRENCE \$				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
								MED EXP (Any one person) \$				
								PERSONAL & ADV INJURY				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$			
	AUTOMOBILE LIABILITY							(Ea accident)	\$			
	ANY AUTO OWNED SCHEDULED							` ' '	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							DDODEDTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	LIMPRELLALIAR								\$			
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE								\$			
	CEAIWS-WADE								\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE				
If yes, describe under DESCRIPTION OF OPERATIONS below									\$ \$			
	DECOMM FIGHT OF ENGINEERS SOLOW								•	00.00		
С	Cyber Liability	Υ		ESN0040084651		09/17/2024	09/17/2025	General Aggregate	\$1,000	,000.00		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	CORD	101, Additional Remarks Schedule	e, may be	attached if more	e space is require	ed)				
CEI	RTIFICATE HOLDER				CANC	ELLATION						
	[Proof of Insurance	e]			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHORIZED REPRESENTATIVE							
							/	Phillip	Naple	S		