CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/30/2026

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 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).

PRODUCER	CONTACT NAME: Certificate Department
Dream Assurance 9200 Indian Creek Pkwy Suite 100 Overland Park KS 66210-2036	PHONE (A/C, No, Ext): 618-657-7525 FAX (A/C, No): 309-726-4412 E-MAIL ADDRESS: coi@dreamassurancegroup.com
INSURED Str Auto Inc 244 South Randall Road, Unit 1210 Elgin IL 60123	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** INSURER A : GEICO MARINE INSURANCE COMPANY 37923 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	[X] COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
				9300062028	08/05/2026	08/05/2027	PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] OTHER:							$
A	**AUTOMOBILE LIABILITY**						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS			9300062028	08/05/2026	08/05/2027	BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS [ ] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] **UMBRELLA LIAB** [ ] OCCUR						EACH OCCURRENCE	$
	[ ] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Motor Truck Cargo			9300062028	08/05/2026	08/05/2027	Limit: $150,000, Deductible: $2,500	
A	Physical Damage			9300062028	08/05/2026	08/05/2027	Deductibles - Comp: $2,500, Coll: $2,500	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Vehicles:
2023, Buckeye, Auto Hauling Trailer, VIN: XXXXXXXXXXXXXXXXX, Deductible (Collision): $2500, Deductible (Comprehensive): $2500
2023, Buckeye, Auto Hauling Trailer, VIN: XXXXXXXXXXXXXXXX, Deductible (Collision): $2500, Deductible (Comprehensive): $2500
2023, Buckeye, Auto Hauling Trailer, VIN: XXXXXXXXXXXXX9474, Deductible (Collision): $2500, Deductible (Comprehensive): $2500
2024, buckeye, Auto Hauling Trailer, VIN: XXXXXXXXXXXXX9932, Deductible (Collision): $2500, Deductible (Comprehensive): $2500
2023, Buckeye, Auto Hauling Trailer, VIN: XXXXXXXXXXXX4993, Deductible (Collision): $2500, Deductible (Comprehensive): $2500
2024, FORD, F-350, VIN: 1FT8W3CM0REC09871, Deductible (Collision): $2500, Deductible (Comprehensive): $2500

CERTIFICATE HOLDER

Assure Assist, Inc
543 Country Club Dr
Unit B338
Simi Valley CA 93065-0637

CANCELLATION

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



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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Dream Assurance		Str Auto Inc
POLICY NUMBER		244 South Randall Road, Unit 1210
9300062028		
CARRIER	NAIC CODE	Elgin, IL, 60123
GEICO MARINE INSURANCE COMPANY	37923	EFFECTIVE DATE: 08/05/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

2024, FORD, f450, VIN: 1FD0W4GTXREC43834, Deductible (Collision): $2500, Deductible (Comprehensive): $2500
2023, FORD, F-350, VIN: 1FT8W3CM9PEC68186, Deductible (Collision): $2500, Deductible (Comprehensive): $2500
2024, FORD, F-550, VIN: 1FD0W5HT3REC92216
2024, FORD, F-350, VIN: 1FT8W3CM3REC11629, Deductible (Collision): $2500, Deductible (Comprehensive): $2500
Drivers:
-Name: Mykyta Solianik
-Name: Sergii Tsybulka
-Name: Ilias Chakkoev
-Name: Karina Tsybulka
-Name: Evgenii Monakov
-Name: Timur Ergashev

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