

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/07/2025

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 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).

NEXT STEP GROUP

Next Step Group						PHONE (A/C, No, Ext): 224-520-8333 (A/C, No): 224-634-2093					
1750 E Golf Rd Suite 238						ADDRESS: Tatiana@nextstepins.com					
						INSURER(S) AFFORDING COVERAGE					
Sch	Schaumburg IL 60173					INSURER A: A-ONE COMMERCIAL INSURANCE				15597	
INSURED					INSURER B: LLOYD'S LONDON					AA1126609	
VIO LINE INC					INSURER C:						
16316 Hidden River Dr					INSURER D:						
l						INSURER E:					
Plainfield				IL 60586	INSURER F:						
CO	VERAGES CER	RTIFIC	TIFICATE 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		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurre			
								MED EXP (Any one per	rson) \$		
								PERSONAL & ADV INJ	JURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	TE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O	P AGG \$	,	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LII (Ea accident)	IMIT \$	1,000,000	
	ANYAUTO							BODILY INJURY (Per p	erson) \$		
Α	ALL OWNED SCHEDULED AUTOS			A-ONE2025-6018		11/01/2025	11/01/2026	BODILY INJURY (Per a	ocident) \$		
	HIRED AUTOS NON-OWNED AUT OS							PROPERTY DAMAGE (Per accident)	\$		
	П П								\$		
$\Box$	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	. \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	1							s		
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMI	PLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	YLIMIT \$	,	
В	Motor Truck Cargo			B0621PVIOL000525		11/04/2025	11/04/2026	Limit: \$250,000, Deductible: \$2500		\$2500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
I											

CERTIFICATE HOLDER

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

Kansas City

MO 64106

Tatiana Canatui

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