

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/12/2022

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).												
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		ESSIVE COMME	RCIA	AI				PHONE			FAX (A/C, No):		
PO BOX 94739						(A/C, No, Ext): (A/C, No):							
CLEVELAND, OH 44101						ADDRES	-			$\overline{}$			
									RDING COVERAGE		NAIC#		
INSU	DED								RA: United Fir	nancial Casualt	y Company		11770
	, Inc.							INSURE					
		ry St., Suite 5000						INSURE					
Saı	r Fra	ncisco, CA 94107						INSURE					
<u> </u>								INSURE	RE:				
·						INSURE	RF:		DE://01011.1111115ED				
		AGES	TIIA				E NUMBER: RANCE LISTED BELOW HAV	/C DCC	N ICCUED TO		REVISION NUMBER:	IE DOL	IOV DEDIOD
IN C E	DIC/ ERTI	ATED. NOTWIT FICATE MAY BI	HST E IS	ANDING ANY RE SUED OR MAY	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY 1	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO \	WHICH THIS
INSR LTR		TYPE OF I	NSUF	RANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY							EACH OCCURRENCE	\$	
		CLAIMS-MAD	DE [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
			_								MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LII	MIT A	.PPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PR	RO- CT	LOC							PRODUCTS - COMP/OP AGG	\$	
	A117	OTHER: OMOBILE LIABILIT	·v				 				COMBINED SINGLE LIMIT	\$	
	AUI	ANY AUTO	ı								(Ea accident) BODILY INJURY (Per person)		-
_		OWNED		SCHEDULED						40/04/0000	, , ,	\$ 75,00	
Α		AUTOS ONLY HIRED	Х	AUTOS NON-OWNED			01230832		10/01/2022	10/01/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 150,0	
		AUTOS ONLY	_	AUTOS ONLY							(Per accident)	\$ 25,00	0
		UMBRELLA LIAB											
			H	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
	WOE	RETE		DN \$							PFR OTH-	\$	
	AND	EMPLOYERS' LIAE	BILITY								PER OTH- STATUTE ER		
	OFF	PROPRIETOR/PART ICER/MEMBER EXCL	'NER/ LUDE	EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
		ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPE	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DEC	COLOT	TION OF OBERATIO	NC /	OCATIONS (VEHIC	150 (A CODD	D 404 Additional Demants Sahadu	laa b.			اله م		
							D 101, Additional Remarks Schedul				·		
		ated TNC driver is a in a "TNC prearrange			npany	driver"	that is operating a motor vehicle in o	connection	n with the named	insured's "TNC" o	perations and is logged into the "d	gital netw	ork" but is not
	3	3											
CERTIFICATE HOLDER													
CERTIFICATE HOLDER						CANC	ELLATION						
Lyft, Inc. 185 Berry St., Suite 5000 San Francisco, CA 94107					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							
							Catrical Corwin						

AGENCY CUSTOMER ID:	
1.00 #.	



ADDITIONAL REMARKS SCHEDULE

Page	4	of	4
Page		OI	- 1

AGENCY	NAMED INSURED		
PROGRESSIVE COMMERCIAL	Lyft, Inc. 185 Berry St., Suite 5000 San Francisco. CA 94107		
POLICY NUMBER			
01230832			
CARRIER	NAIC CODE		
United Financial Casualty Company	11770	EFFECTIVE DATE: 10/01/2022	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: __25___ FORM TITLE: _Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Uninsured Motorist Bodily Injury	\$25,000 each person/\$50,000 accident	each
Mandatory Personal Injury Protection	Included as further described in the policy	
Aggregate No-Fault Benefits Available	Included as further described in the policy	



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lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights	t to t	he ter	rms and conditions of th	e polic	y, certain po	olicies may r			
	DUCER				CONTAI NAME:	СТ	,-			
PROGRESSIVE COMMERCIAL						PHONE FAX (A/C, No, Ext): (A/C, No):				
PO	BOX 94739				E-MAIL ADDRE	9. EXU.		(A/O, NO).		
CLEVELAND, OH 44101					AUUKE		LIBER(S) AFFOR	DING COVERAGE		NAIC#
					INCLIDE					
INSU	PED .				INSURER A: United Financial Casualty Company 11770					11770
	, Inc.				INSURE					
	Berry St., Suite 5000				INSURE					
Sar	Francisco, CA 94107				INSURER D:					
					INSURE					
	(50.4.050				INSURE	RF:		DEVICION NUMBER		
	VERAGES CERTIFY THAT THE POLICIES			NUMBER:	/C DCC	N ISSUED TO		REVISION NUMBER:	IE DOL	ICV DEDIOD
IN CI EX	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMENTAIN, TOTAL	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							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							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,250	,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS AUTOS			01240262		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$	
, ,	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						•	PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET							(i ci accident)	\$	
	UMBRELLA LIAB OCCUR		+					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							7.001.1207.112	\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under								\$	
	DÉSCRIPTION OF OPERATIONS below		\vdash					E.L. DISEASE - POLICY LIMIT	Ф	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (ACORD) 101. Additional Remarks Schedu	le. mav b	e attached if mor	e space is requir	ed)		
		•		•				,		ha "disital naturali"
	esignated TNC driver is a "transportation network co request to provide a "TNC prearranged trip".	mpany	ariver i	that is operating a motor vehicle in t	connectio	n with the named	insured's TNC 0	perations and has recorded accep	tance in t	ne digital network
					04316	TILLATION				
CERTIFICATE HOLDER						ELLATION				
Lyft, Inc. 185 Berry St., Suite 5000 San Francisco, CA 94107						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					
		Patricial Corvin								

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED							
PROGRESSIVE COMMERCIAL	Lyft, Inc. 185 Berry St., Suite 5000 San Francisco, CA 94107							
POLICY NUMBER								
01240262								
CARRIER	NAIC CODE							
United Financial Casualty Company	11770	EFFECTIVE DATE : 10/01/2022						

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Comprehensive Collision Supplementary Uninsured/Underinsured Motorist Bodily Injury	Actual Cash Value Actual Cash Value \$1,250,000 each accident	\$2,500 \$2,500
Mandatory Personal Injury Protection Aggregate No-Fault Benefits Available	Included as further described in the policy Included as further described in the policy	