



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/21/2022

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).

|   |   |                                       |
|---|---|---------------------------------------|
| <b>PRODUCER</b><br>Aon Risk Insurance Services West, Inc.<br>San Francisco CA Office<br>425 Market Street<br>Suite 2800<br>San Francisco CA 94105 USA<br>Questions or to report a claim,<br>Please visit: <a href="http://lft.to/submit-request">http://lft.to/submit-request</a> | <b>CONTACT NAME:</b>  |                                       |
|   | <b>PHONE (A/C. No. Ext):</b> (866) 283-7122                   | <b>FAX (A/C. No.):</b> (800) 363-0105 |
| <b>INSURED</b><br>Lyft, Inc.<br>185 Berry St, Suite 5000<br>San Francisco CA 94107-2503 USA   | <b>E-MAIL ADDRESS:</b>  |                                       |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>                          |                                       |
|   | <b>NAIC #</b>   |                                       |
|   | <b>INSURER A:</b> Liberty Surplus Insurance Corporation 10725 |                                       |
|   | <b>INSURER B:</b>   |                                       |
|   | <b>INSURER C:</b>   |                                       |
| <b>INSURER D:</b>   |   |                                       |
| <b>INSURER E:</b>   |   |                                       |
| <b>INSURER F:</b>   |   |                                       |

Holder Identifier :

**COVERAGES****CERTIFICATE NUMBER:** 570095410999**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. **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD   | SUBR WVD  | POLICY NUMBER                              | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|---|-----------|--|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b>  |   |           |  |                         |                         |  |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |   |           |  |                         |                         | EACH OCCURRENCE  |
|          |  |   |           |  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                            |
|          |  |   |           |  |                         |                         | MED EXP (Any one person)   |
|          |  |   |           |  |                         |                         | PERSONAL & ADV INJURY  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |           |  |                         |                         | GENERAL AGGREGATE  |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |           |  |                         |                         | PRODUCTS - COMP/OP AGG   |
|          | OTHER:   |   |           |  |                         |                         |  |
| A        | <b>AUTOMOBILE LIABILITY</b>  |   |           | ASE-695-471695-072<br>CSL Limit            | 10/01/2022              | 10/01/2023              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000                      |
| A        | <input type="checkbox"/> ANY AUTO  |   |           | ASE-695-471695-062<br>BI and PD Limits     | 10/01/2022              | 10/01/2023              | BODILY INJURY (Per person) \$50,000                                  |
|          | <input type="checkbox"/> OWNED AUTOS ONLY  | <input type="checkbox"/> SCHEDULED AUTOS                |           |  |                         |                         | BODILY INJURY (Per accident) \$100,000                               |
|          | <input type="checkbox"/> HIRED AUTOS ONLY  | <input type="checkbox"/> NON-OWNED AUTOS ONLY           |           |  |                         |                         | PROPERTY DAMAGE (Per accident) \$25,000                              |
| X        | Primary  | X   | Symbol 10 |  |                         |                         |  |
|          | <b>UMBRELLA LIAB</b>   | <input type="checkbox"/> OCCUR                          |           |  |                         |                         | EACH OCCURRENCE  |
|          | <b>EXCESS LIAB</b>   | <input type="checkbox"/> CLAIMS-MADE                    |           |  |                         |                         | AGGREGATE  |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION                                |   |           |  |                         |                         |  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |   |           |  |                         |                         |  |
|          | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                | <input type="checkbox"/> Y / <input type="checkbox"/> N | N / A     |  |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |   |           |  |                         |                         | E.L. EACH ACCIDENT   |
|          |  |   |           |  |                         |                         | E.L. DISEASE-EA EMPLOYEE   |
|          |  |   |           |  |                         |                         | E.L. DISEASE-POLICY LIMIT  |
| A        | Bus Auto Damage  |   |           | ASE-695-471695-072<br>Auto Physical Damage | 10/01/2022              | 10/01/2023              | Comp Deductible \$2,500<br>Coll Deductible \$2,500                   |

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

Evidence of Insurance Only for the State of NM.  
The Auto Physical Damage limits provided under this policy will be ACV or the Cost of Repair, whichever is less, less the \$2,500 deductible.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| Lyft, Inc.<br>185 Berry Street, Suite 5000<br>San Francisco CA 94107 USA | 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<br><br><i>Aon Risk Insurance Services West, Inc.</i>   |

Certificate No : 570095410999