

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 noticy/les) must have ADDITIONAL INSURED provisions or be endorsed

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		7 0011	Indute Herder III ned er ee	CONTAC NAME:	CT	<u> </u>			
PR	OGRESSIVE COMMERCIAL				PHONE FAX					
	BOX 94739				(A/C, No E-MAIL ADDRES), EXU;		(A/C, NO).		
CLE	EVELAND, OH 44101				ADDRE		LIDED(S) AFFOR	DINC COVERACE		NAIC#
					INCLIDE			DING COVERAGE		
INSU	PED					RA: United Fir	ianciai Casuaii	у Сопірапу		11770
	, Inc.				INSURE					
	Berry St., Suite 5000				INSURE					
Sar	Francisco, CA 94107				INSURE					
					INSURE	RE:				
	(55.050				INSURE	RF:		DEL//01011 111111555		
				NUMBER:	/E DEE	N IOOUED TO		REVISION NUMBER:	IE DOI	IOV PEDIOD
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEN ΓΑΙΝ, ⁻ CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	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)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$ 50,00	0
Α	OWNED SCHEDULED AUTOS ONLY			06253770		10/01/2022	10/01/2023	BODILY INJURY (Per accident)	\$ 100,0	
	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 25,00	
	AUTOS ONET							(i di doddoni)	\$	
	UMBRELLA LIAB OCCUR		\Box					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	•	
	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 DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	¢	
	DESCRIPTION OF OPERATIONS BEIOW		+					E.E. DIOLAGE -1 GLIGIT EIWITT	Ψ	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (ACORD	101. Additional Remarks Schedul	e. may b	e attached if mor	e space is require	ed)		
	Insured driver" is a natural person that is operating a							·	tation net	work" with valid
	uired credentials" issued by the named insured and									
	TIEICATE HOLDED				CANO	CELLATION				
CE	RTIFICATE HOLDER		—		CANC	ELLATION				1
185	r, Inc. Berry St., Suite 5000 n 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.								
					AUTHO	RIZED REPRESE		3		
		Patricial Corwin								

AGENCY CUSTOMER ID:	
1.00 #.	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED Lyft, Inc.			
PROGRESSIVE COMMERCIAL				
POLICY NUMBER	185 Berry St., Suite 5000 San Francisco, CA 94107			
06253770				
CARRIER				
United Financial Casualty Company 117		EFFECTIVE DATE: 10/01/2022		
	EFFECTIVE DATE: 10/01/2022			

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ADDI	HON	AL F	KEMA	KKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER:	25 FORM	ı тıт∟є: <u>Certificate</u>	e of Liability Insurance				
Additional	Coverages						
Insura	nce coverage(s)		Limits	Deductible			
First Pa	First Party Medical Expense Benefit						
TNC	Drivers		Included as further des	scribed			
D	Daniel March and TNO Debug		in the policy				
Pers	ons other than TNC	Driver	Included as further des	scribed			
			in the policy				



CERTIFICATE OF LIABILITY INSURANCE

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

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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).												
	PRODUCER							CONTACT NAME:					
PROGRESSIVE COMMERCIAL								PHONE FAX					
	PO BOX 94739								È-MÀIL				
CLE	EVEL	AND, OH 44101						ADDRESS:				NA10 #	
								INOUE			RDING COVERAGE		NAIC #
INSU	DED								RA: United Fir	nanciai Casuait	<u>y Company</u>		11770
	t, Inc.							INSURE					
		ry St., Suite 5000						INSURE					
Saı	n Fra	ncisco, CA 94107	,					INSURE					
								INSURE	RE:				
								INSURE	RF:				
		AGES	T 114				E NUMBER:	/E DEE	U IOOUED TO		REVISION NUMBER:	IE DOI	IOV DEDICE
IN C E	IDICA ERTI XCLU	ATED. NOTWIT FICATE MAY B	HST E IS	ANDING ANY RE SUED OR MAY	EQUIF PERT POLI	REMENTAIN, CIES.	RANCE LISTED BELOW HAVENT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO \	WHICH THIS
INSR LTR		TYPE OF I	NSUF	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	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 LI	MIT A	APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PF		LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:				\vdash					COMBINED SINGLE LIMIT	\$	
	AUI	OMOBILE LIABILIT	Y								(Ea accident)	\$ 1,000	,000
		ANY AUTO OWNED		SCHEDULED							BODILY INJURY (Per person)	\$	
Α		AUTOS ONLY HIRED		AUTOS NON-OWNED			06254914		10/01/2022	10/01/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		AUTOS ONLY	X	AUTOS ONLY							(Per accident)	\$	
						Ш						\$	
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE	ENTIC	ON \$								\$	
		RKERS COMPENSA EMPLOYERS' LIAE									PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PART	NER/	EXECUTIVE TIN	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LUDE	D?							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPEI	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (A	ACORD	D 101, Additional Remarks Schedul	le, may b	attached if mor	e space is requir	ed)		
			•				e in connection with the named insure	ed's "TNC	operations" and	has recorded acc	eptance in the "digital transportatio	n network	of a request to
pro	/ide "⅂	ΓNC operations", and	d is er	ngaged in "prearrange	ed servi	ce" or "	"covered airport operation".						
CE	RTIF	ICATE HOLD	ER					CANO	ELLATION				
							T						
18		ry St., Suite 5000 ncisco, 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.					
								AUTHOR	RIZED REPRESE				
								Catrical Corwin					

AGENCY CUSTOMER ID:	
1.00 #.	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED Lyft, Inc. 185 Berry St., Suite 5000 San Francisco. CA 94107		
PROGRESSIVE COMMERCIAL			
POLICY NUMBER			
06254914			
CARRIER			
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	Actual Cash Value Actual Cash Value	\$2,500 \$2,500	
	First Party Medical Expense Benefit TNC Drivers	Included as further described	in the	
	Persons other than TNC Driver	policy Included as further described policy	in the	