

NSANDER

**CERTIFICATE OF LIABILITY INSURANCE** 

ACORD

DATE (MM/DD/YYYY) 8/18/2022

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).

	nis certificate does not confer rights t				ich end	lorsement(s)		require an endo	rsement	l. AS	tatement on	
PRODUCER Alliant Insurance Services, Inc. 3850 N Causeway Blvd Suite 1150 Metairie, LA 70002						CONTACT NAME: PHONE (A/C, No, Ext): (619) 238-1828  FAX (A/C, No):						
								INSURER(S) AFFORDING COVERAGE				
		INSURER A: Mobilitas Insurance Company						16392				
INSL	JRED	INSURER B:										
Lyft, Inc. 185 Berry St #5000 San Francisco, CA 94107						INSURER C:						
						INSURER D:						
						INSURER E :						
						INSURER F:						
СО	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	BER:			
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH BED HEREIN IS SU	H RESPE	CT TC	WHICH THIS	
INSR			SUBR		DELIVI	POLICY EFF	POLICY EXP		LIMITS	•		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D	\$		
								MED EXP (Any one pe		\$		
								PERSONAL & ADV IN		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$				
	OTHER:							TROBUGIU - COMIT		\$		
A	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO			WYBA1T6624548270		10/1/2022	10/1/2023	BODILY INJURY (Per		\$	50,000	
	OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY X Symbol 10  OWNED AUTOS ONLY X Period 1					  -		BODILY INJURY (Per	LY INJURY (Per accident) \$		100,000	
								PROPERTY DAMAGE (Per accident)	= 1	\$	25,000	
								(* 2* 2*2*2****)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EI	MPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$		
Α	Symbol 10/Primary			WYBA2T6624548270		10/1/2022	10/1/2023	Period 2/CSL			1,000,000	
Α	Symbol 10/Primary			WYBA3T6624548270		10/1/2022	10/1/2023	Period 3/CSL			1,000,000	
The ded	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Auto Physical Damage limits are proviductible.	ded u	ACORI nder	D 101, Additional Remarks Schedu Period 2 and Period 3 poli	ile, may b cies an	e attached if mor d will be ACV	e space is requii or the Cost	 <sup>red)</sup> of Repair, whiche <sup>,</sup>	ver is les	s, les	s the \$2,500	
	lence of Insurance Only for the State of	<b>vv</b> 1.										
CERTIFICATE HOLDER  Lyft, Inc. 185 Berry St #5000 San Francisco, CA 94107						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						