

BSCHLIENZ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/10/2024

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.

	SUBROGATION IS WAIVED, subjecting subjections to subject the subject in the subje							require an endorsemen	t. As	tatement on	
PRODUCER Alliant Insurance Services, Inc. 3850 N Causeway Blvd Suite 1150 Metairie, LA 70002						CONTACT NAME:					
						PHONE FAX (A/C, No, Ext): (A/C, No):					
						E-MAIL ADDRESS: lyft@alliant.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
						INSURER A: Mobilitas Insurance Company				16392	
INSURED						INSURER B:					
Lyft, Inc. 185 Berry St #400 San Francisco, CA 94107					INSURER	INSURER C:					
					INSURER	INSURER D:					
					INSURER E:						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF AN DED BY	IY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	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:								\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	50.000	
	ANY AUTO			NDBA1T6624548270		10/1/2024	10/1/2025	BODILY INJURY (Per person)	\$	50,000	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	100,000	
	HIRED AUTOS ONLY Symbol 10 Period 1							PROPERTY DAMAGE (Per accident)	\$	25,000	
	A '							UMUIM \$25k/50k	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE			
Α	Symbol 10/Primary			NDBA2T6624548270		10/1/2024	10/1/2025	E.L. DISEASE - POLICY LIMIT Period 2/CSL	\$	1,000,000	
Α	Symbol 10/Primary			NDBA3T6624548270		10/1/2024		Period 3/CSL		1,000,000	
The ded Poli All a	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Auto Physical Damage limits are proviductible. Cies for Period 2 and Period 3 include Unitomobile policies evidenced above include of the State of	M/UI Clude	nder M \$25	Period 2 and Period 3 poli 5,000/\$50,000.	ıle, may be cies and	attached if mor will be ACV	e space is requii	red) of Repair, whichever is le	ss, les	s the \$2,500	
					CANO	TIL ATION					
UE	RTIFICATE HOLDER				CANCI	ELLATION					
Lyft, Inc. 185 Berry St #400 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					