

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/01/2024

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. 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).

	is certificate does not confer rights	to the	cen	ificate noider in lieu of s)			
PRODUCER					CONTACT NAME:					
StateFarm Daniel Martin, State Fa			re and	d Casualty Company	PHONE FAX (A/C, No. Ext): (A/C, No.):					
2702 Ireland Grove Rd						E-MAIL ADDRESS:				
1	Bloomington, IL 61709						SURER(S) AFFOR	RDING COVERAGE		NAIC#
9 -10-11-11-1					INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company				25143	
INSL	RED				INSURER B:					
	Lyft, Inc.				INSURER C:					
	185 Berry Street				INSURER D:					
Suite 400					INSURER E :					
San Francisco, CA 94107					INSURER F:					
COVERAGES CERTIFICATE NUMBER:			NUMBER:	REVISION NUMBER:						
C	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	PER	reme Tain,	NT, TERM OR CONDITION THE INSURANCE AFFORI	OF AN	THE POLICIE	r or other Es describe	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR	CLUSIONS AND CONDITIONS OF SUCH		CIES.		BEEN					
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
			i i					PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:				1			GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY			0000011-D01-14		10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO						3	BODILY INJURY (Per person)	\$	or a records
Α	OWNED SCHEDULED AUTOS ONLY	i		Jano Marianzono Japanezo (1766)				BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED			0000012-D01-14		10/01/2024	10/01/2025	PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB	_	-				-			
	- CCCOR							EACH OCCURRENCE	\$	
	CLAIMONADI							AGGREGATE	\$	III-
	DED RETENTION \$ WORKERS COMPENSATION	-						PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
-	If yes, describe under DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$	
· •	NON-OWNED AUTOS ONLY							BI - Per Person		,000
Α	0000010-D01-14			PD - Per Accident \$50,00	00	10/01/2024	10/01/2025	BI - Per Accident	\$10	0,000
Evic	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ence of Insurance Only the State of IN	LES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
CER	TIFICATE HOLDER				CANO	ELL ATION				
VEF	III IOAIE HOLDER				CANC	ELLATION	-	**		
	Lyft, Inc. 185 Berry Street				ACC	EXPIRATION ORDANCE WIT	DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL E Y PROVISIONS.		
Suite 400					AUTHORIZED REPRESENTATIVE					
San Francisco, CA 94107					0-171					
	1				_			17 []		_

AGENCY CUSTOMER ID:	
LOC #:	



Collision Coverage: \$2,500 Deductible

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED			
Daniel Martin, State Farm Fire and Casualty Company	Lyft, Inc.				
POLICY NUMBER	15 Berry Street				
.0000011-D01-14,.0000012-D01-14	Suite 400				
CARRIER NAIC CO		San Francisco, CA			
State Farm Fire and Casualty Company 25143		EFFECTIVE DATE: 10/01/2024			

ADDITIONAL REMARKS	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: 25 FORM TITLE: Acord	
Coverage expiration: 10/01/2025 Comprehensive Coverage: \$2,500 Deductible	

The auto physical damage coverage limits provided under this policy will be ACV or the cost to repair, whichever is less, less the \$2,500 deductible.

ACORD 101 (2008/01)

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