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CERTIFICATE OF LIABILITY INSURANCE

BSCHLIENZ

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. 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).

tŀ	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)					
PRO	DUCER				CONTA NAME:	СТ					
Alliant Insurance Services, Inc.						PHONE FAX (A/C, No, Ext): (A/C, No):					
3850 N Causeway Blvd Suite 1150 Metairie, LA 70002					E-MAIL ADDRESS: lyft@alliant.com						
	anio, 27 (70002				ADDRE			DINC COVERACE		NAIC #	
							• •	RDING COVERAGE		16392	
MOUDED										10392	
Lyft, Inc.						INSURER B:					
						INSURER C:					
185 Berry St #400 San Francisco, CA 94107					INSURER D:						
					INSURER E :						
						INSURER F:					
				E 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	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE	CT TC	WHICH THIS	
INSR		ADDL			<i></i>	POLICY EFF	POLICY EXP	LIMIT	<u> </u>		
LTR	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR		WVD	. OLIO! NOMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)				
								EACH OCCURRENCE DAMAGE TO RENTED	\$		
	OE MINE WINE							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:							COMBINED SINGLE LIMIT	\$		
Α	AUTOMOBILE LIABILITY							(Ea accident)	\$	50.000	
	ANY AUTO			WVBA1T6624548270		10/1/2024	10/1/2025	BODILY INJURY (Per person)	\$	50,000	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	100,000	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	25,000	
	X Symbol 10 X Period 1								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/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	\$		
Α	Symbol 10/Primary			WVBA2T6624548270		10/1/2024	10/1/2025	Period 2/CSL	φ	1,000,000	
Α	Symbol 10/Primary			WVBA3T6624548270		10/1/2024	10/1/2025	Period 3/CSL		1,000,000	
The ded	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Auto Physical Damage limits are proviouctible. Automobile Policies evidenced include lence of Insurance Only for the State of	led úi	nder	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 o	ed) of Repair, whichever is le	ss, les	s the \$2,500	
CERTIFICATE HOLDER Lyft, Inc. 185 Berry St #400 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.					
		2011									