



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

AGENCY Daniel Martin, State Farm Fire and Casualty Company		NAMED INSURED Lyft, Inc.	
POLICY NUMBER 0000008-D01-15, 0000009-D01-15, 0000010-D01-15		15 Berry Street Suite 400	
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143	San Francisco, CA	EFFECTIVE DATE: 10/01/2023

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Acord

Coverage expiration: 10/01/2024  
Comprehensive Coverage: \$2,500 Deductible  
Collision 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.