

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/01/2023

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(les) 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).

PRODUCER			CONTACT NAME:	•			
State Farm Daniel Martin, State Farm Fire and Casualty Company			PHONE FAX (A/C, No, Ext): (A/C, No):				
2702 Ireland Grove Rd			E-MAIL ADDRESS:				
Bloomington, IL 61709							
Diediningter 12 et 7 ee			INSURERA: State Fa			NAIC # 25143	
NSURED						20110	
	INSURER B:						
Lyft, Inc.			INSURER C :	_			
185 Berry Street			INSURER D :				
Suite 400			INSURER E :				
San Francisco, CA 94107			INSURER F:				
		NUMBER:	:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO WHICH THIS	
NSR TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
COMMERCIAL GENERAL LIABILITY	MASO I MAQ	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		\$	
					DAMAGE TO RENTED		
CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)	\$	
					MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
POLICY JECT LOC					PRODUCTS - COMPIOP AGG	\$	
OTHER:	1				221271177 21127	\$	
AUTOMOBILE LIABILITY		0000009-D01-15	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
ANY AUTO					BODILY INJURY (Per person)	\$	
A OWNED SCHEDULED AUTOS ONLY		0000010 D01 15	40/04/0000	40/04/0004		\$	
HIRED NON-OWNED AUTOS ONLY		0000010-D01-15	10/01/2023	10/01/2024	PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	S	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	S	
DED RETENTION \$	1				710011201112	s	
WORKERS COMPENSATION					PER OTH-		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N				į.	E.L. EACH ACCIDENT	s	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE		
If yes, describe under							
DÉSCRIPTION OF OPERATIONS below					BI - Per Person	\$ \$50,000	
A NON-OWNED AUTOS ONLY		0000008-D01-15 PD - Per Accident \$25,00	10/01/2023	10/01/2024	BI - Per Accident	\$100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICE Evidence of Insurance Only For the State of IA	LES (ACORE	0 101, Additional Remarks Schedu	lle, may be attached if mor	 e space is requir	ed)		
CERTIFICATE HOLDER			CANCELLATION				
Lyft, Inc. 185 Berry Street Suite 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				
		#	@ 10	88-2015 AC	ORD CORPORATION.	All rights reserved	

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

NAMED INSURED

Page 2 of 2

Daniel Martin, State Farm Fire and Casualty Company		Lyft, Inc.		
POLICY NUMBER		15 Berry Street		
0000008-D01-15, 0000009-D01-15, 000001B-D01-15		Suite 400		
CARRIER	NAIC CODE	San Francisco, CA		
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE:	10/01/2023	
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE T	O ACORD FORM.			
FORM NUMBER: 25 FORM TITLE: Acord	- · · · · · · · · · · · · · · · · · · ·			
TORRI NOMBER, 20 TORRI TITLE, 733313			between the second of the seco	
Coverage expiration: 10/01/2024				
Comprehensive Coverage: \$2,500 Deductible Collision Coverage: \$2,500 Deductible				
Collision Coverage. \$2,500 Deductible				
The auto physical damage coverage limits provided under	this policy will be A	CV or the cost to repai	ir, whichever is less, less the \$2,500 deductible.	
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