



# 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(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).												
	DUCE			<b>J</b>				CONTAC NAME:		,			
PR	)GR	ESSIVE COMME	RCIA	ΔI				PHONE			FAX (A/C, No):		
		( 94739	101/					É-MAIL					
CLE	VEL	AND, OH 44101						ADDRES					
											RDING COVERAGE		NAIC#
INSU	DED.								RA: United Fir	nancial Casualt	y Company		11770
								INSURER B:					
Too berry St., Salte 3000					INSURER C:								
Sar	ı Fra	ncisco, CA 94107						INSURER D:					
					INSURER E:								
·					INSURE	INSURER F:							
		AGES					NUMBER:				REVISION NUMBER:		
IN CI	DICA ERTI	ATED. NOTWIT FICATE MAY BI	HST.	ANDING ANY RE SUED OR MAY	QUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF I	NSUR	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY					,	,	EACH OCCURRENCE	\$	
		CLAIMS-MAD	of [	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		02,0									MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	I N'L AGGREGATE LII	MIT A	DDI IES DED:							GENERAL AGGREGATE	\$	
	GEI	POLICY PR		LOC							PRODUCTS - COMP/OP AGG	\$	
			CI								PRODUCTS - COMP/OP AGG	\$	
	AUT	OTHER: OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT	\$	
		ANY AUTO	-								(Ea accident) BODILY INJURY (Per person)	•	•
_		OWNED		SCHEDULED							BODILY INJURY (Per accident)		
Α		AUTOS ONLY HIRED	Х	AUTOS NON-OWNED			01240215		10/01/2023	04/01/2024	PROPERTY DAMAGE	\$ 100,0	
		AUTOS ONLY	_	AUTOS ONLY							(Per accident)	\$ 50.00	0
												\$	
		UMBRELLA LIAB	-	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE		N \$							DED OTH	\$	
		RKERS COMPENSA EMPLOYERS' LIAE		Y / N							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PART	NER/	EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LUDE	D:							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPEI	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	RIPT	ION OF OPERATIO	NS/L	LOCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may b	attached if mor	e space is requir	ed)		
An "lı	sure	d driver" is a natural	perso	n that is operating a r	notor v	ehicle ii	in connection with the named insure	d's "TNC o	operations" and is	logged on to the	named insured's "digital transporta	ation netw	ork" with valid
							receive requests" for "TNC operation						
CF	ERTIFICATE HOLDER CANCELLATION												
JLI	AND LIGHT HOLDER												
185	Lyft, Inc.  185 Berry St., Suite 5000 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.												
							ļ	AUTHOR	RIZED REPRESEI				
										60	tricial Con	5	





## 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(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).										
	DUCER				CONTACT NAME:						
PRO	OGRESSIVE COMMERCIAL				PHONE			FAX (A/C, No):			
	BOX 94739				(A/C, No E-MAIL	•		(A/C, NO):			
CLE	EVELAND, OH 44101				ADDRES						
								RDING COVERAGE		NAIC#	
					INSURE	RA: United Fir	nancial Casualt	y Company		11770	
Lyft, Inc. 185 Berry St., Suite 5000					INSURER B:						
					INSURE	RC:					
	Francisco, CA 94107				INSURER D :						
	San Francisco, CA 94107  INSURER D:  INSURER E:										
					INSURE	R F :					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO \	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	INOD	1111			(	(	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
	CLAIIVIS-IVIADE CCCOR							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:							COMPINED ONLO ELIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS			01240593		10/01/2023	04/01/2024	BODILY INJURY (Per accident)	\$		
	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONET							(i oi dooidont)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXOCOLUED OCCUR										
	CLAIIVI3-IVIADE							AGGREGATE	\$		
	DED   RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)			
An "Ir	sured driver" is a natural person that is operating a n	notor ve	ehicle ir	n connection with the named insured	d's "TNC d	operations" and ha	as recorded acce	otance in the "digital transportation	network"	of a request to	
	le "TNC operations", and is engaged in "prearranged					.,					
	FIGATE HOLDED										
CEI	RTIFICATE HOLDER				CANC	ELLATION					
185	Inc. Berry St., Suite 5000 Francisco, CA 94107				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		-	
					AUTHORIZED REPRESENTATIVE  Batrical M. Corum						

AGENCY CUSTOMER ID:	
1.00 #-	



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED					
PROGRESSIVE COMMERCIAL	Lyft, Inc. 185 Berry St., Suite 5000 San Francisco, CA 94107					
POLICY NUMBER 01240593						
CARRIER NAIC CODE						
United Financial Casualty Company 11770		EFFECTIVE DATE: 10/01/2023				

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

### **Additional Coverages**

Insurance coverage(s)	Limits	Deductible
Comprehensive	Actual Cash Value	\$2,500
Collision	Actual Cash Value	\$2,500
Uninsured Motorist - Reduced		
Uninsured Motorist Bodily Injury	\$100,000 each person/\$300,000 each accident	
Uninsured Motorist Property Damage	\$25,000 each accident	\$250