



Questions or to report a claim, please visit: <http://ft.to/submit-request>

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2024

**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).**

|  |                                      |                                |
|--|--------------------------------------|--------------------------------|
| <b>PRODUCER</b><br>PROGRESSIVE COMMERCIAL<br>PO BOX 94739<br>CLEVELAND, OH 44101     | <b>CONTACT NAME:</b><br>_____        |                                |
|  | <b>PHONE (A/C No. Ext):</b><br>_____ | <b>FAX (A/C, No):</b><br>_____ |
| <b>E-MAIL ADDRESS:</b><br>_____  |                                      |                                |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |                                      | <b>NAIC #</b>                  |
| <b>INSURER A:</b> United Financial Casualty Company                                  |                                      | 11770                          |
| <b>INSURED</b><br>Lyft, Inc.<br>185 Berry St., Suite 5000<br>San Francisco, CA 94107 | <b>INSURER B:</b>                    |                                |
|  | <b>INSURER C:</b>                    |                                |
|  | <b>INSURER D:</b>                    |                                |
|  | <b>INSURER E:</b>                    |                                |
|  | <b>INSURER F:</b>                    |                                |

### COVERAGES

**CERTIFICATE NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY     |           |          | 01240593      | 04/01/2024              | 10/01/2024              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                          |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED _____ RETENTION \$ _____   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N<br><b>(Mandatory in NH)</b><br>If yes, describe under DESCRIPTION OF OPERATIONS below          |           | N/A      |               |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

An "Insured driver" is a natural person that is operating a motor vehicle in connection with the named insured's "TNC operations" and has recorded acceptance in the "digital transportation network" of a request to provide "TNC operations", and is engaged in "prearranged service" or "covered airport operation".

### CERTIFICATE HOLDER

### CANCELLATION

|  |   |
|--|---|
| Lyft, Inc.<br>185 Berry St., Suite 5000<br>San Francisco, CA 94107 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b> |
|  | <b>AUTHORIZED REPRESENTATIVE</b><br>   |

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## ADDITIONAL REMARKS SCHEDULE

|   |                           |  |  |
|---|---------------------------|--|--|
| <b>AGENCY</b><br>PROGRESSIVE COMMERCIAL             |                           | <b>NAMED INSURED</b><br>Lyft, Inc.<br>185 Berry St., Suite 5000<br>San Francisco, CA 94107 |  |
| <b>POLICY NUMBER</b><br>01240593                    |                           | <b>EFFECTIVE DATE:</b> 04/01/2024  |  |
| <b>CARRIER</b><br>United Financial Casualty Company | <b>NAIC CODE</b><br>11770 |  |  |

**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      |



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|--|---|----------------------|--|-----------------------------|-----------------------|------------------------|--|--------------------------------------|--|---|--|---------------|--|-------|--|
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| <b>CONTACT NAME:</b>   |   |                      |  |                             |                       |                        |  |                                      |  |   |  |               |  |       |  |
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| <b>INSURER D :</b>   |   |                      |  |                             |                       |                        |  |                                      |  |   |  |               |  |       |  |
| <b>INSURER E :</b>   |   |                      |  |                             |                       |                        |  |                                      |  |   |  |               |  |       |  |
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|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
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**CERTIFICATE HOLDER**

**CANCELLATION**

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|--|---|

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