

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/01/2024

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).

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			e and	Casualty Company	PHONE (AC, No, Ext): FAX (A/C, No):					
2702 Ireland Grove Rd				E-MAIL ADDRESS:						
	Bloomington, IL 61709				INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A: State Farm Fire and Casualty Company 25143				25143	
INSURED			INSURER B:							
Lyft, Inc.			INSURER C:							
	185 Berry Street				INSURER D:					
Suite 400				INSURER E:						
San Francisco, CA 94107					INSURER F:					
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								WHICH THIS		
INSR LTR	ADDI SURRI		POLICY NUMBER		POLICY EFF POLICY EXP LIMITS					
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	CONTRACTOR OF THE PARTY OF THE
								PERSONAL & ADV INJURY	\$	
G	EN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$	
	POLICY PRO- LOC						į.	PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
Δ	UTOMOBILE LIABILITY			3213078-D01-24		10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED AUTOS ONLY AUTOS				10/01/2025	BODILY INJURY (Per accident)	t) \$			
	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY 3213076-DC		3213076-D01-24	10/01/20		PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONET								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	5
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	ORKERS COMPENSATION							PER OTH-		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? N /		N/A						E.L. DISEASE - EA EMPLOYEE	-	
lf Di	res, describe under SCRIPTION OF OPERATIONS below								s	
NON-OWNED AUTOS ONLY							BI - Per Person	\$50,	,000	
Λ.	213084-D01-24			PD - Per Accident \$25,000	0	10/01/2024	10/01/2025	BI - Per Accident	\$100	0,000
Evider	PTION OF OPERATIONS / LOCATIONS / VEHICE nce of Insurance Only e State of MS	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	d)		
CERTIFICATE HOLDER CA						ELL ATION				
CERT	IFICATE HOLDER	_	-		CANC	ELLATION				
Th-					THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Suite 400				AUTHORIZED REPRESENTATIVE						
San Francisco, CA 94107				7371						
- 17 ON						TON				
					© 1988-2015 ACORD CORPORATION. All rights reserved.					

AGENCY CUSTOMER ID:	
LOC#:	•



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMEO INSURED				
Daniel Martin, State Farm Fire an	d Casualty	Lyft, Inc.				
POLICYNUMBER	Company	185 Berry Street				
3213078-D01-24; 3213076-D01-24		Suite 400.				
CARRIER.	NAIC CODE	San Francisco, CA				
State Farm Fire and Casualty Company 25143		EFFECTIVE DATE:	10/01/2024			
ADDITIONAL OFFICE STATE						

ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: 25 FORM TITLE: Acord						
Coverage expiration: 10/01/2025 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.						