

BSCHLIENZ



CERTIFICATE OF LIABILITY INSURANCE

9/10/2024

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).

	nis certificate does not confer rights to							require an endorsemen	t. AS	tatement on	
PRODUCER Alliant Insurance Services, Inc. 3850 N Causeway Blvd Suite 1150 Metairie, LA 70002 INSURED						CONTACT NAME:					
						PHONE FAX (A/C, No, Ext): (A/C, No):					
						E-MAIL ADDRESS: lyft@alliant.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
						INSURER A : Mobilitas Insurance Company				16392	
						INSURER B:					
	Lyft, Inc.				INSURER C:						
185 Berry St #400 San Francisco, CA 94107						INSURER D:					
						INSURER E:					
						INSURER F:					
				NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER IES DESCRIE	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					,	,,	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED 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:	L						COMPINIED CINICIE LIMIT	\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	50.000	
	ANY AUTO			MEBA1T6624548270		10/1/2024	10/1/2025	BODILY INJURY (Per person)	\$	50,000	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	100,000 25,000	
	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Period 1							PROPERTY DAMAGE (Per accident) UMUIM \$50/\$100k	\$	25,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	L						DED OTU	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
Λ	DÉSCRIPTION OF OPERATIONS below Symbol 10/Primary			MEBA2T6624548270		10/1/2024	10/1/2025	E.L. DISEASE - POLICY LIMIT Period 2/CSL	\$	1,000,000	
A	Symbol 10/Primary			MEBA3T6624548270		10/1/2024	10/1/2025	Period 3/CSL		1,000,000	
^	Symbol 10/1 filliary			WEDAS 1 002454027 0		10/1/2024	10/1/2023	l eriod 3/OSE		1,000,000	
The dedi Polic All A	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Auto Physical Damage limits are proviductible. Cies for Period 2 and Period 3 include UAutomobile policies evidenced include Idence of Insurance Only. For the State of	M/UII	nder M \$50 cal Ex	Period 2 and Period 3 poli 0,000/\$100,000.	ile, may b	e attached if mor d will be ACV	e space is requi	red) of Repair, whichever is les	ss, les	s the \$2,500	
CF	RTIFICATE HOLDER				CANO	ELLATION					
CE	INTILIOATE HOLDER				CANC	<u> </u>					
Lyft, Inc. 185 Berry St #400						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
San Francisco, CA 94107					AUTHORIZED REPRESENTATIVE						