




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2025

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><br>Daniel Martin, State Farm Fire and Casualty Company<br>2702 Ireland Grove Rd<br>Bloomington, IL 61709 | <b>CONTACT</b><br>NAME:<br>PHONE<br>(A/C, No, Ext):<br>FAX<br>(A/C, No):<br>E-MAIL<br>ADDRESS:   |                               |        |   |       |            |  |            |  |            |  |            |  |            |
|---|--|-------------------------------|--------|---|-------|------------|--|------------|--|------------|--|------------|--|------------|
|   | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: State Farm Fire and Casualty Company</td><td>25143</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: State Farm Fire and Casualty Company | 25143 | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |
| INSURER(S) AFFORDING COVERAGE   | NAIC #   |                               |        |   |       |            |  |            |  |            |  |            |  |            |
| INSURER A: State Farm Fire and Casualty Company   | 25143  |                               |        |   |       |            |  |            |  |            |  |            |  |            |
| INSURER B:  |  |                               |        |   |       |            |  |            |  |            |  |            |  |            |
| INSURER C:  |  |                               |        |   |       |            |  |            |  |            |  |            |  |            |
| INSURER D:  |  |                               |        |   |       |            |  |            |  |            |  |            |  |            |
| INSURER E:  |  |                               |        |   |       |            |  |            |  |            |  |            |  |            |
| INSURER F:  |  |                               |        |   |       |            |  |            |  |            |  |            |  |            |
| <b>INSURED</b><br><br>Lyft, Inc.<br>185 Berry Street<br>Suite 400<br>San Francisco, CA 94107  |  |                               |        |   |       |            |  |            |  |            |  |            |  |            |

**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.

| INSR LTR | TYPE OF INSURANCE  | ADD INSD | SUB 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>\$ |
|          | <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 NON-OWNED AUTOS ONLY                           |          |         | 0000029-D01-46<br>UM BI/PD - \$50K/\$100K/\$25K<br>0000030-D01-46<br>UM BI/PD - \$50K/\$100K/\$25K | 10/01/2025<br>10/01/2025 | 10/01/2026<br>10/01/2026 | 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 <input type="checkbox"/> 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/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                    |          | N/A     |  |                          |                          | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                      |
|          | <b>NON-OWNED AUTOS ONLY</b><br>0000028-D01-46  |          |         | PD - Per Accident \$25,000<br>UM BI/PD - \$50K/\$100K/\$25K  | 10/01/2025               | 10/01/2026               | BI - Per Person \$50,000<br>BI - Per Accident \$100,000  |

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

Evidence of Insurance Only  
For the State of VA**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



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

|  |                           |                                    |  |
|--|---------------------------|------------------------------------|--|
| <b>AGENCY</b><br>Daniel Martin, State Farm Fire and Casualty Company |                           | <b>NAMED INSURED</b><br>Lyft, Inc. |  |
| <b>POLICY NUMBER</b><br>0000029-D01-46; 0000030-D01-46               |                           | 185 Berry Street<br>Suite 400      |  |
| <b>CARRIER</b><br>State Farm Fire and Casualty Company               | <b>NAIC CODE</b><br>25143 | San Francisco, CA 94107            |  |
|  |                           | <b>EFFECTIVE DATE:</b> 10/01/2025  |  |

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

Coverage expiration: 10/01/2026

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