

**NSANDER** 



DATE (MM/DD/YYYY) 9/20/2022

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.

	F SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an er	dorsemen	t. As	statement on									
	DDUCER	CONTACT NAME:																		
Alliant Insurance Services, Inc. 3850 N Causeway Blvd Suite 1150 Metairie, LA 70002						PHONE (A/C, No, Ext): (619) 238-1828 FAX (A/C, No):  E-MAIL ADDRESS:														
															INSURER(S) AFFORDING COVERAGE INSURER A : Mobilitas Insurance Company					NAIC#
																	as insuranc	e Company		
Lyft, Inc. 185 Berry St, Suite 5000 San Francisco, CA 94107-2503						INSURER B:														
						INSURER C:														
						RD:														
						INSURER E : INSURER F :														
						REVISION NUMBER:														
				NUMBER:	LIAVE D	TEN ISSUED 3				HE DO	N ICY BEDIOD									
	'HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R																			
С	CERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED B	Y THE POLICI	IES DESCRIB	ED HEREIN IS												
INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN I															
LTR		INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT											
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO REI		\$										
	CLAIMS-MADE OCCUR							PREMISES (Ea o	ccurrence)	\$										
								MED EXP (Any or	ne person)	\$										
								PERSONAL & AD		\$										
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR		\$										
	POLICY PRO- JECT LOC							PRODUCTS - CO	MP/OP AGG	\$										
Α	OTHER:							COMBINED SING	SLE LIMIT	\$										
^	AUTOMOBILE LIABILITY			GABA2D5938335480		10/1/2022	40/4/0000	(Ea accident)		\$	50,000									
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS						10/1/2023	BODILY INJURY (Per person) \$		100,000										
								BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			25,000									
	HIRED AUTOS ONLY AUTOS ONLY Periods 2 & 3							(Per accident)		\$	23,000									
	<b>A</b>									\$										
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$										
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$										
	DED RETENTION \$							PER	OTH-	\$										
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE	ER											
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIE		\$										
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$												
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - P	OLICY LIMIT	\$										
Evic	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Dence of Insurance Only for the State of	LES (A NM f	or Ly	) 101, Additional Remarks Schedu ft deliveries.	ile, may b	e attached if mor	e space is requir	red)												
	policy evidenced includes Auto Physica				of Rep	air.														
CE	RTIFICATE HOLDER	CANCELLATION																		
Lyft, Inc. 185 Berry St, Suite 5000 San Francisco, CA 94107-2503						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														