

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).									
PRODUCER		ertificate noider in ned of s	I CONTA			ter Partetting and a state of the		ing a second	
StateFarm Daniel Martin, State Fa	NAME: PHONE			FAX					
2702 Ireland Grove Rd			(A/C, No E-MAIL ADDRE	o, Ext):		(A/C, No):			
Bloomington, IL 61709									
INSURED									
Lyft, Inc.									
185 Berry Street			INSURER C :						
Suite 400			INSURE						
San Francisco, CA 94107			INSURE	white the					
the second s	TIEIC	ATE NUMBER:	INSURE	RF:		DEVISION NUMBER.			
THIS IS TO CERTIFY THAT THE POLICIE			AVE BEE	N ISSUED TO	THE INSUR	REVISION NUMBER:	HE PO		
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE	MENT, TERM OR CONDITIO IN, THE INSURANCE AFFOR	N OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSP	ADDL SI	UBR	C DEEN I		POLICY EXP (MM/DD/YYYY)			· · · · · · · · · · · · · · · · · · ·	
LTR TYPE OF INSURANCE	INSD W	N/D POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		1995		
						EACH OCCURRENCE DAMAGE TO RENTED	\$		
						PREMISES (Ea occurrence)	\$		
						MED EXP (Any one person)	\$		
						PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						GENERAL AGGREGATE	\$		
						PRODUCTS - COMP/OP AGG	\$ \$		
OTHER:				10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO		0000010-D01-20		10/01/2024	10/01/2025	(Ea accident) BODILY INJURY (Per person)		0.000	
						BODILY INJURY (Per accident)			
HIRED NON-OWNED						PROPERTY DAMAGE		0,000	
AUTOS ONLY AUTOS ONLY						(Per accident)	* Z	5,000	
UMBRELLA LIAB								and the second	
						EACH OCCURRENCE	\$		
T CLAINSWICK	4					AGGREGATE	\$		
UED RETENTION \$						PER OTH-	\$		
AND EMPLOYERS' LIABILITY Y / N							2		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE			
DÉSÉRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
A NON-OWNED AUTOS ONLY									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES IAC	ORD 101. Additional Remarks Scher	dule, may b	e attached if mor	e soace is requir	l de la constant de l			
Evidence of Insurance Only For the State of MD	LES AC	ORD 101, Auditional Remarks Scher	uure, may b	e attached it moi	e space is requi				
n mann ann a bhliannach chuireadhaith Albha (1997) a' bhliannach an bhliannach ann an bhliannach ann ann ann an									
CERTIFICATE HOLDER CANCELLATION									
Lyft, Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
185 Berry Street	AUTHORIZED REPRESENTATIVE								
Suite 400									
San Francisco, CA 94107	TAX								
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ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: ______



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY	NAMED INSURED					
Daniel Martin, State Farm Fire and Casualty Company	Lyft, Inc.					
POLICY NUMBER	15 Berry Street					
0000010-D01-20	Suite 400					
CARRIER	NAIC CODE	San Francisco, CA				
State Farm Fire and Casualty Company	EFFECTIVE DATE;	10/01/2024				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Acord

Coverage expiration: 10/01/2025

0000010-D01-20:

No-Fault Coverage- Included as further described in the policy, subject to policy limit selected of \$2,500.

Uninsured/Underinsured Bodily Injury & Property Damage (U Coverage)- Included as further described in the policy, subject to policy limits selected of

\$30,000/\$60,000/\$15,000.



CERTIFICATE OF LIABILITY INSURANCE

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

	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT SELOW. THIS CERTIFICATE OF IN: REPRESENTATIVE OR PRODUCER, A MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject his certificate does not confer rights t	IVELY SURAN ND TH is an t to th	OR NEGATIVELY AMEN NCE DOES NOT CONSTIT E CERTIFICATE HOLDER. ADDITIONAL INSURED, th e terms and conditions of	D, EXTE TUTE A e policy(the poli	ND OR ALT CONTRACT (ies) must ha	ER THE CO BETWEEN ave ADDITIO	OVERAGE AFFORDE THE ISSUING INSUF	ER(S),	HE POLICIES AUTHORIZED be endorsed.
	DUCER	o uio		CONTA NAME:	CT	A			
1.50.507		m Fire	and Casualty Company	PHONE			FAX		
	2702 Ireland Grove Rd		and Casualty Company	(A/C. N	o, Ext):		(A/C, N	o);	
1				É-MÁIL ADDRE	SS:				4
	Bloomington, IL 61709			INSURER(S) AFFORDING COVERAGE NAIC INSURER A : State Farm Fire and Casualty Company 2514					
				INSURE	25143				
INSU	JRED			INSURER B ;					
	Lyft, Inc.			INSURER C :					
	185 Berry Street			INSURE	RD:				
	Suite 400			INSURE	RE:				
	San Francisco, CA 94107			INSURE	RF:				
co	VERAGES CER	TIFIC	ATE NUMBER:				REVISION NUMBER		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	5 of In Equiri Perta Polic	NSURANCE LISTED BELOW H EMENT, TERM OR CONDITIC AIN, THE INSURANCE AFFOR IES. LIMITS SHOWN MAY HAV	N OF AN	IY CONTRAC THE POLICII REDUCED BY	f or other es describe paid claims	ED NAMED ABOVE FO DOCUMENT WITH RES D HEREIN IS SUBJEC	R THE P	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	NUR POLICY NUMBER	l	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	u	MITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:	1					GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AG	G \$	
S	OTHER:							\$	
	AUTOMOBILE LIABILITY		0000011-D01-20		10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident)	5 1	125,000
	ANY AUTO		0000011-001-20				BODILY INJURY (Per persor) \$	
Α	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accide	nt) \$	
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	AUTOS UNLT Z AUTOS UNLT						(Per accident)	\$	
							EACH OCCURRENCE	\$	in contractions
							AGGREGATE	\$	
	DED RETENTION \$						PFR OTH	\$	
	AND EMPLOYERS' LIABILITY Y / N						PER OTH STATUTE ER	-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOY	EE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIM	т \$	
A	NON-OWNED AUTOS ONLY								
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 MD									
CE	CERTIFICATE HOLDER CANCELLATION								
				T					
	Lyft, Inc. 185 Berry Street	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	AUTHOR	RIZED REPRESE	NTATIVE					
	San Francisco, CA 94107	PETAM							
	and the second				© 19	88-2015 AC	ORD CORPORATION	All rig	hts reserved.

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1001486 132849.12 03-16-2016

AGENCY CUSTOMER ID: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED						
Danlel Martin, State Farm Fire and Casually Company		Lyft, Inc.						
POLICY NUMBER 0000011-D01-20		15 Berry Street						
	Т	Suite 400						
CARRIER	NAIC CODE	San Francisco, CA						
State Farm Fire and Casuality Company	25143	EFFECTIVE DATE: 10/01/2024						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ord form,							
FORM NUMBER: 25 FORM TITLE: Acord								
Coverage expiration: 10/01/2025								
0000011-20:								
No-Fault Coverage - Included as further described in the policy, s	No-Fault Coverage - Included as further described in the policy, subject to policy limit selected of \$2,500.							
Comprehensive Coverage: \$2,500 Deductible		1 0						
Collision Coverage: \$2,500 Deductible								
The auto physical damage coverage limits provided under this po	plicy will be AC	CV or the cost to repair, whichever is less, less the \$2,500 deductible.						
Uninsured/Underinsured Bodily Injury & Property Damage (U Coverage)- Included as further described in the policy, subject to policy limits selected of								
\$30,000/\$60,000/\$15,000.								



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If	SUBROGATI	ON IS WAIVED, subjec	t to t	he te	rms and conditions of	the poli	cy, certain p	olicies may	require an endorsemen	nt. A s	statement on
tl	nis certificate	does not confer rights t	o the	ert	ificate holder in lieu of s	such en	dorsement(s).	-		
	DUCER					CONTA NAME:	German				
Sta	ateFarm	Daniel Martin, State Fa	m Fi	re and	Casualty Company	PHONE (A/G, N	o. Extl:		FAX (A/C, No):		
	2	2702 Ireland Grove Rd				E-MAIL					
		Bloomington, IL 61709				INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A : State Farm Fire and Casualty Company					25143
INSL	JRED					INSURER B :					
	Lvft	, Inc.									
		Berry Street									
		e 400				INSURE					
		Francisco, CA 94107				INSURE	(a de la companya de l		
00	VERAGES		TICH	CATE	NUMBER:	INSURE	:KF!		DEVISION NUMBER		I
			10 10 10 10 IS	10.71 (Table)			IN ISSUED TO		REVISION NUMBER: ED NAMED ABOVE FOR		
IN C E	IDICATED. NO ERTIFICATE M XCLUSIONS AN	TWITHSTANDING ANY R AY BE ISSUED OR MAY D CONDITIONS OF SUCH	PER POLI	reme Tain,	NT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVI	N OF AN	THE POLICIE REDUCED BY	F OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		E OF INSURANCE		WWD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
		AL GENERAL LIABILITY S-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGA	TE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY	PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LI	AUTOMOBILE LIABILITY 0000012-D01-20			10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$1, \$	000,000		
A	OWNED	SCHEDULED							BODILY INJURY (Per accident)	S	
10.00	AUTOS ONL HIRED	NON-OWNED							PROPERTY DAMAGE	s	
<u>8</u> - 1	AUTOS ONI	AUTOS ONLY							(Per accident)	s	
-	UMBRELLA								EACH OCCURRENCE		
	EXCESS LIA	OCCOR								\$	
		CEAINGWIADE							AGGREGATE	\$	
	DED WORKERS COMP	RETENTION \$	-						PER OTH- STATUTE ER	\$	
	AND EMPLOYERS	S'LIABILITY Y/N									
	OFFICER/MEMBER		N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory In NH If yes, describe und) der OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	1.3	
	DÉSCRIPTION OF	OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	NON-OWNE	D AUTOS ONLY									
DESC	CRIPTION OF OPEN	RATIONS / LOCATIONS / VEHIC	ES (COPD	101, Additional Remarks Sched	ule may b	e attached if mer	a space la requir	ed)		
Evic	dence of Insura the State of M	ince Only	LE3 (A	ACORD	To I, Additional Remarks Sched	ule, may b	e attached if mor	e space is requir	eaj		
CEF	CERTIFICATE HOLDER CANCELLATION										
Lyft, Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		Berry Street				AUTHOR	RIZED REPRESE	NTATIVE	1		
	Suite 400										
	San Francisco, CA 94107										
-					-	1	0.40	00 0045 404			
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ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: ______ LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMEDINSURED					
Daniel Martin, State Farm Fire and Casualty Company POLICY NUMBER		Lýťi, linc.					
0000012-D01-20		15 Berry Street Suite 400					
ABRIER NAICCODE		San Francisco, CA					
State Farm Fire and Casually Company	25143	EFFECTIVE DATE: 10/01/2024					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	DRD FORM,						
FORM NUMBER: 25 FORM TITLE: Acord							
Coverage expiration: 10/01/2025							
0000012-001-20:							
No-Fault Coverage - Included as further described in the policy, s	subject to pollo	cy limit selected of \$2,500.					
Comprehensive Coverage; \$2,500 Deductible							
Collision Coverage: \$2,500 Deductible							
The auto physical damage coverage limits provided under this po	olicy will be AC	CV on the cost to repair, whichever is less, less the \$2,500 deductible.					
Uninsured/Underinsured Bodily Injury & Property Damage (U Coverage)- Included as further described in the policy, subject to policy limits selected of							
\$30,000/\$60,000/\$15,000.							