

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.

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StateFarm Daniel Martin, State Farm Fire and Casualty Company 2702 Ireland Grove Rd					NAME: PHONE (A/C, No, Ext): E-MAIL						
	Bloomington, IL 61709			Ť	ADDRE		UDED(O) AFFOR				
				t	Menbe			RDING COVERAGE asualty Company		NAIC #	
INSU	RED						rm Fire and Ca	asualty Company		25143	
	Lyft, Inc.				INSURER B:						
	185 Berry Street			i i	INSURER C:						
	Suite 400				INSURE						
	San Francisco, CA 94107			INSURE							
00					INSURE	RF:				-	
	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PERT POLIC	REME AIN.	NT, TERM OR CONDITION (THE INSURANCE AFFORDS	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s		
			0					MED EXP (Any one person)	s		
								PERSONAL & ADV INJURY	s		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	- COLD	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG			
	OTHER:							PRODUCTS - COMPTOP AGG	\$		
	AUTOMOBILE LIABILITY		-	0000040 D04 00		10/01/0005	10/01/0000	COMBINED SINGLE LIMIT	\$		
	ANY AUTO			0000010-D01-20		10/01/2025	10/01/2026	(Ea accident)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$ 50,0	(A)	
	AUTOS ONLY AUTOS NON-OWNED						1	PROPERTY DAMAGE	\$ 100,	000	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$ 25,0	00	
_									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE		1					AGGREGATE	\$		
× 4.	DED RETENTION \$			Annual Control of the					\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			1			E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	N/A				1		E.L. DISEASE - EA EMPLOYEE	s		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
333						* ***	1				
Evic	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE lence of Insurance Only the State of MD.	LES (A	CORD	101, Additional Remarks Schedule	e, may be	e attached if more	e space is requin	ed)			
CEF	TIFICATE HOLDED										
UEF	TIFICATE HOLDER	- 12 - 12 - 12			CANC	ELLATION					
Maryland Insurance Administration					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	200 St. Paul Place, 27th Floor Baltimore, MD 21202					AUTHORIZED REPRESENTATIVE					

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AGENCY CUSTOMER ID:	
LOC #:	

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ACORD	

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED					
Daniel Martin, State Farm Fire and Casualty Company	Lyft, Inc.					
POLICY NUMBER	185 Berry Street					
0000010-D01-20	Suite 400					
CARRIER	NAIC CODE	San Francisco, CA 94	107			
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE:	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
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.



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PROI	PRODUCER			CONTACT NAME:								
Sta	teFar	Daniel Martin, State Farr	n Fir	e and	Casualty Company	PHONE	Ext)·		FAX (A/C, No):			
		2702 Ireland Grove Rd					E-MAIL					
						ADDRESS:						
		Bloomington, IL 61709							DING COVERAGE		NAIC #	
	0-0		_					m Fire and Ca	asualty Company		25143	
INSU	RED					INSURE	RB:					
		Lyft, Inc.				INSURE	RC:					
	185 Berry Street						RD:					
		Suite 400				INSURE	RE:			-		
		San Francisco, CA 94107				INSURE	RF:					
CO	VERA	GES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
		TO CERTIFY THAT THE POLICIES										
		ED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY I										
		IONS AND CONDITIONS OF SUCH I	POLIC	CIES.						0 / 122	THE TERMIO,	
INSR		TYPE OF INSURANCE	ADD	SUB	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	С	OMMERCIAL GENERAL LIABILITY	III				(1000)	\(\text{times.}\)	EACH OCCURRENCE	s		
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea socurrence)	\$		
		CLAIIVIS-IVIADE CCCOR						1	MED EXP (Any one person)	s		
	-								PERSONAL & ADV INJURY	s		
	OFAM	ACCRECATE LIMIT APPLIES DED.							GENERAL AGGREGATE			
		AGGREGATE LIMIT APPLIES PER:								\$		
		OLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	_	OTHER:							COMBINED SINGLE LIMIT	\$		
		MOBILE LIABILITY			0000011-D01-20		10/01/2025	10/01/2026	(Ea accident)	\$ 125,	,000	
	0.76	NY AUTO							BODILY INJURY (Per person)	\$		
		WNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	S		
	HA	IRED NON-OWNED AUTOS ONLY						1	PROPERTY DAMAGE (Per accident)	\$		
										\$		
	U	MBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	E	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	0	DED RETENTION \$								\$		
	WORK	ERS COMPENSATION							PER OTH-	\$		
		MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDENT	s		
		ER/MEMBER EXCLUDED? atory In NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes,	describe under							E.L. DISEASE - POLICY LIMIT	\$		
	DESCI	RIPTION OF OPERATIONS below	-					-	C.L. DIGEAGE - FOLICT LINIT	Đ		
		N OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	ACORE	101, Additional Remarks Schedi	ule, may b	e attached if mo	re space is requir	red)			
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CERTIFICATE HOLDER				CANO	ELLATION							
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		Maryland Insurance Administ		n								
		200 St. Paul Place, 27th Floor				AUTHO	RIZED REBRESE	NIATIVE				
		Baltimore, MD 21202	VA.				(//	11/				
		AND DESCRIPTION OF THE PERSON				40/11/1						

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AGENCY CUSTOMER ID:	
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ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED				
Daniel Martin, State Farm Fire and Casualty Company	Lyft, Inc.					
POLICY NUMBER	185 Berry Street					
0000011-D01-20		Suite 400				
CARRIER	NAIC CODE	San Francisco, CA 94107				
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE: 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
0000011-D01-20:
No-Fault Coverage - Included as further described in the policy, subject to policy limit selected of \$2,500.
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.
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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1.1	is certificate does not confer rights	to th	e cen	lificate holder in lieu of s	uch en	dorsement/s	1				
PRO	DUCER	18			CONTA	ACT	<i></i>				
Sta	teFarm Daniel Martin, State Fa	arm F	ire an	d Casualty Company	NAME: PHONE [A/C, No, Ext): (A/C, No, Ext):						
	2702 Ireland Grove Ro	l			E-Mail ADDRESS:						
	Bloomington, IL 61709				ADDRE	Private (1)	SUPERIOR ACEA	RDING COVERAGE			
					INSUR		The state of the s	Casualty Company		NAIC #	
INSU	RED	-	W. Constant		INSUR		inin ile and C	asualty Company		25143	
	Lyft, Inc.				INSURE						
	185 Berry Street		INSURE								
	Suite 400				INSURE						
	San Francisco, CA 94107				INSURE						
	/ERAGES CE	RTIFI	CATI	E NUMBER:				REVISION NUMBER:		L	
TH	IIS IS TO CERTIFY THAT THE POLICIE	S OF	INSU	RANCE LISTED BELOW HA	VE BEE	EN ISSUED TO	THE INSUR	FD 11414FD 1001/F	THE PO	ICY PERIOD	
CE	DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PFR	TAIN	THE INSURANCE ASSOCIA	OF AN	THE BOLLOW	OR OTHER	DOCUMENT WITH RESPE			
INSR	TYPE OF INSURANCE	ADD	SUB	POLICY NUMBER	DELIVI	POLICY EFF	POLICY EXP				
	COMMERCIAL GENERAL LIABILITY	HOL	TOVOL	POLICY NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	T		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	s	A STATE OF THE STA	
								PERSONAL & ADV INJURY	\$	1011	
-	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
-	POLICY PRO- JECT LOC	1						PRODUCTS - COMP/OP AGG	s		
	OTHER:								s	1 12 12 12 12 12 12 12 12 12 12 12 12 12	
ŀ	AUTOMOBILE LIABILITY			0000012-D01-20		10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident)	s 1,00	0.000	
-	ANY AUTO OWNED SCHEDULED			UBI-\$30k/\$60k, UPD-\$15	ik			BODILY INJURY (Per person)	\$		
ļ	AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
-						210		(i di docident)	s		
-	UMBRELLA LIAB OCCUR						WITT	EACH OCCURRENCE	S		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	**************************************	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						**************************************	PER OTH- STATUTE ER	\$		
- 41	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	S		
	(Mandatory In NH)							E.L. DISEASE - EA EMPLOYEE	\$		
-+	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	NON-OWNED AUTOS ONLY							BI - Per Person			
								BI - Per Accident			
DESCI	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is requir	ed)			
EVID	ence of Insurance Only he State of MD.										
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CER	TIFICATE HOLDER				CANC	ELLATION		SAM SCHOOL STATE			
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	200 St. Paul Place, 27th Floor			1		IZED REPRESEN					
	Baltimore, MD 21202				AUTHOR	NZED REPRESEN	107	h -			
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AGENCY CUSTOMER ID:	
LOC#	



ADDITIONAL REMARKS SCHEDULE

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Page	2	of

AGENCY		NAMED INSURED	
Daniel Martin, State Farm Fire and Casualty Company	Lyft, Inc.		
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0000012-D01-20		Suite 400	
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