

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/01/2024

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).

StateFarm Daniel Martin, State Farm Fire and Casualty Company 2702 Ireland Grove Rd Bloomington, IL 61709				FAX (A/C, No):	NAIC #	
			INSURER A: State Fa	arm Fire and	Casualty Company	25143
INSURED			INSURER B:			
Lyft, Inc.			INSURER C:			
185 Berry Street			INSURER D :			
Suite 400			INSURER E :			
San Francisco, CA 94107			INSURER F:		V	
COVERAGES CE	RTIFICAT	E NUMBER:	I MOUNER F.		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	REQUIREME PERTAIN, POLICIES	ENT, TERM OR CONDITIC THE INSURANCE AFFOI LIMITS SHOWN MAY HAN	ON OF ANY CONTRACT RDED BY THE POLICIE VE BEEN REDUCED BY	O THE INSUR FOR OTHER ES DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR THE P DOCUMENT WITH RESPECT TO	O WHICH THIS
INSR LTR TYPE OF INSURANCE	INSD WYO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$	The second second second
CLAIMS-MADE OCCUR					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:					PRODUCTS - COMP/OP AGG \$	
AUTOMOBILE LIABILITY			10/01/2023	10/01/2024	COMBINED SINGLE LIMIT	
ANY AUTO		0000010-D01-20	10/01/2020	10/01/2024	(Lu deciderry	50,000
A OWNED SCHEDULED AUTOS ONLY						
HIRED NON-OWNED					PROPERTY DAMAGE	00,000
AUTOS ONLY AUTOS ONLY						25,000
UMBRELLA LIAB OCCUP		 			\$	
EXCESS LIAB CLAIMS-MAD					EACH OCCURRENCE \$	
CLAING-WAD					AGGREGATE \$	
WORKERS COMPENSATION	+++				PER OTH	
AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$	· · · · · · · · · · · · · · · · · · ·
(Mandatory In NH) If yes, describe under			İ		E.L. DISEASE - EA EMPLOYEE \$	
DÉSCRIPTION OF OPERATIONS below	 				E.L. DISEASE - POLICY LIMIT \$	
A NON-OWNED AUTOS ONLY						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI Evidence of Insurance Only For the State of MD	CLES (ACORI	D 101, Additional Remarks Sche	dule, may be attached if mor	e space is requir	ed)	
CERTIFICATE HOLDER			CANCELLATION			
Lyft, Inc. 185 Berry Street			SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	DATE THE	ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D Y PROVISIONS.	LLED BEFORE ELIVERED IN
Suite 400			AUTHORIZED REPRESE	NTATIVE	1	
San Francisco, CA 94107				-0	7	
San Francisco, CA 94107				-	111	_
			© 19	88-2015 AC	ORD CORPORATION. All rig	hts reserved

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

1	AGENCY		NAMED INSURED	
	Daniel Martin, State Farm Fire and Casualty Company		Lyft, inc.	
-	POLICY NUMBER		15 Berry Street	
1	0000010-D01-20		Suite 400	
	CARRIER	NAIC CODE	San Francisco, CA	
	State Farm Fire and Casualty Company	25143	EFFECTIVE DATE:	10/01/2023
	ADDITIONAL REMARKS	**************************************		

State Farm Fire and Casualty Q	in the state of th	J14J	EFFECTIVE DATE: 10/01/2020
ADDITIONAL REMARKS			
	KS FORM IS A SCHEDULE TO ACORD	FORM,	
FORM NUMBER: 25	FORM TITLE: Acord	- Article - Arti	
Coverage expiration: 10/01/2			
0000010-D01-20;			
No-Fault Coverage- Included	d as further described in the policy, subje	ect to policy	y limit selected of \$2,500.
Uninsured/Underinsured Bod	fily Injury & Property Damage (U Covera	age)- includ	ded as further described in the policy, subject to policy limits selected of
\$30,000/\$60,000/\$15,000.			



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	DUCER			NAME:				
Sta	ateFarm Daniel Martin, State F	arm Fire a	nd Casualty Company	PHONE (A/C, No, Ext):		FAX (A/C, No):		
,	2702 Ireland Grove R	d		E-MAIL ADDRESS:				
,	Bloomington, IL 6170	9			STIDEDIST AFEOR	RDING COVERAGE		NAICH
	Anthritis scriptor vigoraphic Americans (Principles Applications of the Control o			and the second s		Casualty Company		NAIC# 25143
INSU	JRED			Meditari	- Contraction	oudulty Company		23140
11177	Lyft, Inc.			INSURER B :		The second secon		
	185 Berry Street			INSURER C:				
				INSURER D :	***	***************************************		
	Suite 400			INSURER E :				
	San Francisco, CA 94107			INSURER F:				
			TE NUMBER:			REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA XCLUSIONS AND CONDITIONS OF SUC	REQUIREN Y PERTAIN H POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAV	N OF ANY CONTRACT DED BY THE POLICIE	FOR OTHER S DESCRIBE	DOCUMENT WITH RESPE	CT TO	NHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUI	BR POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S	***************************************
	COMMERCIAL GENERAL LIABILITY			THE POST OF THE		EACH OCCURRENCE	\$	Water to the state of the state
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED		
						PREMISES (Ea occurrence)	\$	
		-				MED EXP (Any one person)	\$	
	GENII ACCRECATE LIMIT ARRIVES COS	-				PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
	POLICY JECT LOC					PRODUCTS - COMP/OP AGG	\$	
-	OTHER:		The second secon			COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY		0000011-D01-20	04/01/2024	10/01/2024	(Ea accident)	s 1	25,000
	ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person)	\$	
A	AUTOS ONLY AUTOS		UBI-\$30k/\$60k, UPD-\$1	15K		BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MA	DE		Children of the Children of th		AGGREGATE	S	
	DED RETENTION \$			# 1			\$	
	WORKERS COMPENSATION				· · · · · · · · · · · · · · · · · · ·	PER OTH-		Parada and Table and
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	7		10		E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	-	
	If yes, describe under DESCRIPTION OF OPERATIONS below			1		and the second s		
		-				E.L. DISEASE - POLICY LIVIN	\$	
Α	NON-OWNED AUTOS ONLY							
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES IACO	PD 101 Additional Remarks Sehed	hula manu ha attached 16 man				
	dence of Insurance Only	HOLES (MOO	KD 101, Additional Remarks Sched	icie, may be attached ir moi	re space is requi	rea)		
	the State of MD							
		and the property of the second						
CE	RTIFICATE HOLDER			CANCELLATION				
	Lyft, Inc.				N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL I BY PROVISIONS.		
	185 Berry Street			AUTHORIZED REPRESE	AIT A TIME	7		
	Suite 400			AUTHORIZED REPRESE	NIATIVE	0 1		
	San Francisco, CA 94107					111		
					70.00	7 11		
				© 19	88-2015 AC	ORD CORPORATION.	All rig	hts reserved.

AGENCY CUSTOMER ID:	
LOC #:	



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	AIC CODE	San Francisco, CA			
State Farm Fire and Casualty Company 25143		EFFECTIVE DATE:	04/01/2024		
ADDITIONAL REMARKS		\$44.00 mm			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR	D FORM,	A STATE OF THE STA			

CARRIER		NAIC COUE	San Francisco, CA				
State Farm Fire and Casualty Comp	pany	25143	EFFECTIVE DATE:	04/01/2024			
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
	FORM TITLE: Acord		gyaddia amin'ny dipandronan'ny sorondronanan'ny fivondronana ny toerandronana amin'ny fivondronana amin'ny	nesse des sont a			
Coverage expiration: 10/01/2024		atu un dia arabatan dia					
0000011-D01-20;							
No-Fault Coverage - Included as	s further described in the policy, s	aubject to polic	y limit selected of \$2,50	0.			
Comprehensive Coverage: \$2,50	00 Deductible						
Collision Coverage: \$2,500 Ded	uctible						
The auto physical damage cover	rage limits provided under this po	olicy will be AC	V or the cost to repair, v	whichever is less, less the \$2,500 deductible.			



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PRODU				NAME:				
State	PFarm Daniel Martin, State Fa	rm Fire an	d Casualty Company	PHONE		FAX		
(2702 Ireland Grove Rd			(A/C, No, Ext): E-MAIL		(A/C, No):		
				ADDRESS:				
	Bloomington, IL 61709			INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
				INSURER A : State Fa	arm Fire and	Casualty Company		25143
INSURE	■ D	and the state of t						
	Lyft, Inc.			INSURER B:				
				INSURER C:	************			
	185 Berry Street			INSURER D :				
	Suite 400			INSURER E :				
	San Francisco, CA 94107						-	
COM		TICIOAT	P 11 150222	INSURER F:				
			E NUMBER:			REVISION NUMBER:		
CEF	S IS TO CERTIFY THAT THE POLICIE: ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PERTAIN, POLICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	T OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	CT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Service Pro-	COMMERCIAL GENERAL LIABILITY			- Individual in the second				
	CLAIMS MADE					DAMAGE TO RENTED	\$	
-	CLAIMS-MADE OCCUR	1 1				PREMISES (Ea occurrence)	\$	
						MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY		
-	GEN'L AGGREGATE LIMIT APPLIES PER:						\$	
-						GENERAL AGGREGATE	\$	
	POLICY PRO-					PRODUCTS - COMP/OP AGG	s	
	OTHER:						\$	
A	NUTOMOBILE LIABILITY			10/01/2023	10/01/2024	COMBINED SINGLE LIMIT	\$ 1.	000 000
	ANY AUTO	1 1	0000012-D01-20	10/01/2023	10/01/2024	(Ea accident)	,	000,000
A	OWNED SCHEDULED					BODILY INJURY (Per person)	\$	
^	AUTOS ONLY AUTOS		UBI-\$30k/\$60k, UPD-\$1	5K		BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						(Fer accident)	\$	
-	UMBRELLA LIAB OCCUP	-					ð.	
-	OCCUR					EACH OCCURRENCE	\$	
_	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTIONS						\$	
W	ORKERS COMPENSATION		1	····		PER OTH-	Φ	
A	ND EMPLOYERS' LIABILITY Y / N	1				PER OTH-		
O	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
(1)	landatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
DI	yes, describe under ESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
						C.C. DIGEAGE - FOCIOT CIWIT	*	
A	NON-OWNED AUTOS ONLY							
				411				
DESCRI	IPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Sched	ule, may be attached if mor	re snace is requir	ed)		
	nce of Insurance Only		•	,,	o space is requi			
	e State of MD							
01 (11	e diate of MB							
CERT	IFICATE HOLDER	Sant resolution lives		CANCELLATION				
				TONIOLLLATION				
				SHOW DANK OF	THE . BOVE D			
				THE EXPIDATION	I DATE THE	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE
	Lyft, Inc.			ACCORDANCE WI			DE DE	FIAFKED IN
	N. S. W. S.							
	185 Berry Street			AUTHORITO	NA STATE			
	Suite 400			AUTHORIZED REPRESE	NTATIVE	1		
	San Francisco, CA 94107				- 0-	121		
	1			_		11/1		
				@ 40	88-2015 AC	ORD CORPORATION.	All sials	160 5000
				619	WW WINDOW	JAN SURFURATION.	-uu riqin	is reserved.

AGENCY CUSTOMER ID:	
LOC #:	



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 COD	San Francisco, CA			
State Farm Fire and Casualty Company 25143	EFFECTIVE DATE: 10/01/2023			
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FOR	Л,			

CARRIER	NAIC CODE	San Francisco, CA					
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE:	10/01/2023				
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	OPD EOPM						
FORM NUMBER: 25 FORM TITLE: Acord	one contin						
FORM ROUNDER, 420-described and the FORM THEE CONTROL		معلوا المعاون و المع والمعاون و المعاون و					
Coverage expiration: 10/01/2024							
0000012-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 po	olicy will be AC	V or the cost to repair, v	whichever is less, less the \$2,500 deductible.				