

BSCHLIENZ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/10/2024

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.

PRODUCER Alliant Insurance Services, Inc. 359 IN Causeway Blvd Suite 1150 Metains, LA 70002 INSURED Lyft, Inc. 185 Berry St #400 San Francisco, CA 94107 INSURED Lyft, Inc. 185 Berry St #400 San Francisco, CA 94107 INSURED CERTIFICATE NUMBER: REVISION NUMBER	NAIC # 16392
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Auto Physical Damage limits are provided under Period 2 and Period 3 policies and will be ACV or the Cost of Repair, whichever is less, I deductible. Policy for Period 1 includes UM/UIM \$50,000/\$100,000/\$10,000. Policies for Period 2 and Period 3 include UM/UIM \$1,000,000 CSL and Med Pay of \$5,000. Evidence of Insurance Only. For the State of VT.	less the \$2,500
CERTIFICATE HOLDER CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAND Lyft, Inc. 185 Berry St #400 San Francisco, CA 94107 AUTHORIZED REPRESENTATIVE	