

BSCHLIENZ



CERTIFICATE OF LIABILITY INSURANCE

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. 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).

tl	nis certificate does not confer rights t							require an end	20130111011	A 3	tatement on	
PRO	DUCER				CONTA NAME:	СТ						
Alliant Insurance Services, Inc.						PHONE FAX (A/C, No, Ext): (A/C, No):						
3850 N Causeway Blvd Suite 1150 Metairie, LA 70002					E-MAIL ADDRESS: lyft@alliant.com							
iiici	uno, EA 70002				ADDRE			RDING COVERAGE			NAIC #	
					INCUE			ce Company			16392	
INCLIDED							as ilisuranic	e Company			10392	
Lyft, Inc. 185 Berry St #400 San Francisco, CA 94107						INSURER B:						
						INSURER C:						
						INSURER D:						
						INSURER E :						
						INSURER F:						
CO	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NU	MBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHEFIES DESCRIB	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					······	, <i>,</i>	EACH OCCURREN	ICE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO REN' PREMISES (Ea occ	TED	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	'INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	1P/OP AGG	\$		
Λ	OTHER:							COMBINED SINGL	FLIMIT	\$		
Α	AUTOMOBILE LIABILITY				10/1/2024		(Ea accident)	.c ciiviiii	\$	E0 000		
	ANY AUTO			NCBA1T6624548270		10/1/2024	10/1/2025	BODILY INJURY (F	Per person)	\$	50,000	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F	Per accident)	\$	100,000	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	.GE	\$	25,000	
	X Symbol 10 X Period 1									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$	1								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	·		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A										
	If yes, describe under							E.L. DISEASE - EA		\$ \$		
Α	DÉSCRIPTION OF OPERATIONS below Symbol 10/Primary			NCBA2T6624548270		10/1/2024	10/1/2025	Period 2/CSL	LICT LIVIII	Ф	1,000,000	
	Symbol 10/Primary			NCBA3T6624548270		10/1/2024	10/1/2025	Period 3/CSL			1,000,000	
•								01100107002			1,000,000	
ded All a	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Auto Physical Damage limits are proviouctible. Sutomobile policies evidenced include lence of Insurance Only for the State of	JM/UI			ıle, may b cies an	e attached if mor d will be ACV	re space is requii or the Cost	⊢ ^{red)} of Repair, which	never is le:	ss, les	s the \$2,500	
CERTIFICATE HOLDER						CANCELLATION						
Lyft, Inc. 185 Berry St #400 San Francisco, CA 94107						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						
						AUTHORIZED REPRESENTATIVE						