CERTIFICATE OF INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Certificate Holder:	Named Insured:
Lyft, Inc.	Lyft, Inc.
185 Berry Street, Suite 5000	185 Berry Street, Suite 5000
San Francisco, CA 94107	San Francisco, CA 94107
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	Automobile Liability										
Automobile Liability Insurer Name: North Light Specialty Insurance Company											
Policy Number: 648944433											
Х						ned Autos Only 3 –			B – Owned Priv. Pass. Autos Only		
	4 – Owned Pass. Autos	Autos Other Thas Only	an Priv.	5 – Fau		d Autos Subject to No		6 – Owned Autos Subject to a Compulsory UM Law			
					Autos Only				d Autos Only		
Pol	licy Effectiv	e Date: 10/1/202	21			Policy Exp	iration Date	: 10/1/202	22		
Limits of		\$			Cor	mbined Single Limit (each accident)					
Ins	urance:	\$ 50,000	0 BI Per Person			100,000	BI Per A	Accident \$ 50,000 PD Per Accident			
Description of Operations/Locations/Vehicles/Endorsements/Special Provisions											
	erested Par	e for Lyft, Inc. deli	ivery for the	State of C	Jeo ry						
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER.											
IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.											
						Cancellation	n				
Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.											

Producer: Aon Risk Insurance Services West, Inc. San Francisco Office 425 Market Street, Suite 2800 San Francisco, CA 94105 USA	
Authorized Representative: Allstate Business Insurance Center (095010)	Date: 10/1/2021