

**BSCHLIENZ** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/25/2023

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.

	r SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an e	ndorsemen	t. As	tatement on	
PRODUCER Alliant Insurance Services, Inc. 3850 N Causeway Blvd Suite 1150 Metairie, LA 70002						CONTACT NAME:						
						PHONE   FAX (A/C, No, Ext): (A/C, No):						
						E-MAIL ADDRESS: lyft@alliant.com						
		INSURER(S) AFFORDING COVERAGE					NAIC #					
		INSURE	INSURER A: Mobilitas Insurance Company					16392				
INSU	URED	INSURER B:										
Lyft, Inc. 185 Berry St #400						INSURER C:						
						INSURER D:						
San Francisco, CA 94107					INSURER E :							
						INSURER F:						
СО	VERAGES CER	TIFI	CATE	NUMBER:				REVISION N	UMBER:			
IN C	'HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R EERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHEFIES DESCRIB	R DOCUMENT	WITH RESPE	CT TC	WHICH THIS	
INSR LTR			SUBR WVD				POLICY EXP (MM/DD/YYYY)		LIMIT	s		
LIIX	COMMERCIAL GENERAL LIABILITY	INOD	1111			(MINI/DD/1111)	(MINUDDITITI)	EACH OCCURR	ENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RE PREMISES (Ea	ENTED occurrence)	\$		
								MED EXP (Any o	one person)	\$		
								PERSONAL & A		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE \$				
								PRODUCTS - C	OMP/OP AGG	\$		
Α	OTHER:  AUTOMOBILE LIABILITY							COMBINED SIN	GLE LIMIT	\$		
	ANY AUTO			CTBA1T6624548270		10/1/2023	10/1/2024	(Ea accident) \$ BODILY INJURY (Per person) \$			50,000	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY	•		100,000	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAI (Per accident)	MAGE	\$	25,000	
	X Symbol 10 X Period 1							UMUIM \$25		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURR	ENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACC	IDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE -	EA EMPLOYEE	\$		
_	If yes, describe under DESCRIPTION OF OPERATIONS below			OTD 4 0T000 45 400T0		40/4/0000	40/4/0004	E.L. DISEASE -		\$	4 000 000	
Α	Symbol 10/Primary			CTBA2T6624548270		10/1/2023	10/1/2024	Period 2/CS			1,000,000	
Α	Symbol 10/Primary		CTBA3T6624548270			10/1/2023	10/1/2024	Period 3/CSL			1,000,000	
The ded Poli Evid	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Auto Physical Damage limits are proviductible.  Icies for Period 2 and Period 3 include Under the Communication of the Communication	led ú	nder	Period 2 and Period 3 poli	ile, may b cies an	e attached if mor d will be ACV	e space is requii	⊔ red) of Repair, whi	chever is le	ss, les	s the \$2,500	
CE	RTIFICATE 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						