

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).

	nis certificate does not confer rights to							require an end	iorsemen	t. A S	tatement on	
PRODUCER					CONTACT NAME:							
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							
· · · · · · · · · · · · · · · · · · ·						INSURER(S) AFFORDING COVERAGE NAIC						
					INSLIDE			Insurance Co	mnany		10675	
Lyft, Inc. 185 Berry St #400						RB:	20 00110141		шрипу		10010	
						INSURER C:						
						INSURER D:						
San Francisco, CA 94107					INSURER E :							
					INSURER F:							
	VERAGES CER	TIEI	^ A T E	NUMBER:	INSUKL	N.F.		REVISION NU	MDED.			
T IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	ES O EQUI PER	F INS REME TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER IES DESCRIB	RED NAMED ABOR DOCUMENT WISED HEREIN IS S	OVE FOR TI	CT TO	WHICH THIS	
INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F	POLICY EFF	PAID CLAIMS POLICY EXP					
LTR	I TPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	S		
	CLAIMS-MADE OCCUR							DAMAGE TO REN' PREMISES (Ea occ	ICE TED currence)	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	:GATE	\$		
	POLICY PRO- LOC OTHER:							PRODUCTS - COM	1P/OP AGG	\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO			RIBA1T6624548271		10/1/2024	10/1/2025	BODILY INJURY (F		\$	50,000	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (F		\$	100,000	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	25,000	
	X Symbol 10 AUTOS ONLY Period 1							(Fer accident)		\$		
	UMBRELLA LIAB OCCUR							EAGU GOOUDDEA	105	•		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	1CE	\$		
	DED RETENTION\$							AGGREGATE		\$		
								PER STATUTE	OTH- ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N									•		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$		
	If yes, describe under							E.L. DISEASE - EA				
Α	DÉSCRIPTION OF OPERATIONS below Symbol 10/Primary			RIBA2T6624548271		10/1/2024	10/1/2025	Period 2/CSL	LICY LIMIT	\$	1,500,000	
Α	Symbol 10/Primary			RIBA3T6624548271		10/1/2024	10/1/2025	Period 3/CSL			1,500,000	
^	Julian Ton Timan y					10/1/2021	10/1/2020	. 01104 07002			1,000,000	
All A	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Auto Physical Damage limits are proviductible. Automobile policies evidenced include Ulence of Insurance Only. the State of RI.				ile, may b cies and	e attached if mor d will be ACV	re space is requi or the Cost	red) of Repair, which	never is les	ss, les	s the \$2,500	
CERTIFICATE HOLDER Lyft, Inc. 185 Berry St #400 San Francisco, CA 94107						CANCELLATION						
						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						