

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 :	statement 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 #						
						INSURER A : Mobilitas General Insurance Company					10675	
Lyft, Inc. 185 Berry St #400 San Francisco, CA 94107						RB:	20 00110141		puy		10010	
						INSURER C:						
						INSURER D:						
						INSURER E :						
					INSURER F:							
	VEDACES CED	TIEI	^ A TE	NUMBED.	INSURE	KF:		DEVISION NU	MDED.			
				NUMBER:	LIAVE D	EEN ISSUED :	TO THE INCLU	REVISION NU		LIE DO	N ICY DEDIOD	
	HIS IS TO CERTIFY THAT THE POLICIENT IN											
С	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICE	IES DESCRIE	BED HEREIN IS S				
INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN	POLICY EFF	PAID CLAIMS	T				
LTR	I TPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO REN	ICE TED	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	currence)	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- LOC							PRODUCTS - COM	IP/OP AGG	\$		
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO			COBA1T6624548271		10/1/2024	10/1/2025	BODILY INJURY (Per person) \$		50,000		
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	er accident)	\$	100,000	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	30,000	
	X Symbol 10 X Period 1									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$		
Α	Symbol 10/Primary			COBA2T6624548271		10/1/2024	10/1/2025	Period 2/CSL	2.01 2	Ψ	1,000,000	
Α	Symbol 10/Primary		COBA3T6624548271		10/1/2024		10/1/2025	Period 3/CSL			1,000,000	
ded Poli	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Auto Physical Damage limits are proviductible. cies for Period 2 and Period 3 include U	M/UI					e space is requi	of Repair, which	ever is les	ss, les	ss 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.						
					764							