

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: Lyft, Inc. 185 Berry Street, Suite 5000 San Francisco, CA 94107	Named Insured: Lyft, Inc. 185 Berry Street, Suite 5000 San Francisco, CA 94107
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Automobile Liability			
Insurer Name: North Light Specialty Insurance Company			
Policy Number: 648944435			
X	10 – Autos As Defined	2 – Owned Autos Only	3 – Owned Priv. Pass. Autos Only
	4 – Owned Autos Other Than Priv. Pass. Autos Only	5 – Owned Autos Subject to No Fault	6 – Owned Autos Subject to a Compulsory UM Law
	7 – Specifically Described Autos	8 – Hired Autos Only	9 – Nonowned Autos Only
Policy Effective Date: 10/1/2021		Policy Expiration Date: 10/1/2022	
Limits of Insurance:	\$	Combined Single Limit (each accident)	
	\$ 50,000	BI Per Person	\$ 100,000 BI Per Accident
		\$ 25,000	PD Per Accident
Description of Operations/Locations/Vehicles/Endorsements/Special Provisions			
Proof of insurance for Lyft, Inc. delivery for the State of Kentucky.			
Interested Party Type:			
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			
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