

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).

tl	nis certificate does not confer rights t							require an ene	10136111611	A 3	tatement on	
PRO	DUCER				CONTA NAME:	СТ						
Alliant Insurance Services, Inc. 3850 N Causeway Blvd Suite 1150 Metairie, LA 70002						PHONE FAX						
						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: lyft@alliant.com						
iiici	ano, EA 70002				ADDRE			RDING COVERAGE			NAIC #	
								ce Company			16392	
INCLIDED							as ilisuranic	e Company			10392	
Lyft, Inc. 185 Berry St #400 San Francisco, CA 94107						INSURER B:						
						INSURER C:						
						INSURER D:						
						INSURER E :						
						INSURER F:						
CO	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NU	MBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHEF IES DESCRIB	R DOCUMENT WI SED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					······	, <i>,</i>	EACH OCCURREN	ICF	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO REN' PREMISES (Ea occ	ΓED	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$		
	OTHER:							COMBINED SINGL	ELIMIT	\$		
Α	AUTOMOBILE LIABILITY					10/1/2024	10/1/2025	(Ea accident)	L LIVIII	\$	E0 000	
	ANY AUTO			KYBA1T6624548270				BODILY INJURY (F	er person)	\$	50,000	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F	er accident)	\$	100,000	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	25,000	
	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? (Mandatory in NH)	N/A						E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC		\$		
Α	Symbol 10/Primary			KYBA2T6624548270		10/1/2024	10/1/2025	Period 2/CSL	LICT LIMIT	Ψ	1,000,000	
Α	Symbol 10/Primary			KYBA3T6624548270		10/1/2024	10/1/2025	Period 3/CSL			1,000,000	
	,										, ,	
ded All a	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Auto Physical Damage limits are proviductible. automobile policies evidenced include for the State of the Contract of of the Contr	Perso					re space is requii or the Cost	red) of Repair, which	ever is le	ss, les	s the \$2,500	
CE	RTIFICATE HOLDER				CANO	ELLATION						
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						
		AUTHORIZED REFRESENTATIVE										