

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/01/2024

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(les) 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).

State	Daniel Martin, State Far 2702 Ireland Grove Rd	rm Fire and Casualty Company		NAME: PHONE   FAX (A/C, No. Ext); (A/C, No.): E-MAIL ADDRESS:						
	Bloomington, IL 61709			INSURERIS) AFFORDING COVERAGE					NAIC# 25143	
INSURE	in			INGUNER A.	State F	ann rile and C	Dasually Company	-	23143	
INSURE	Lyft, Inc.			INSURER B:				-		
	185 Berry Street			INSURER C:						
	Suite 400			INSURER D:						
				INSURER E :						
	San Francisco, CA 94107			INSURER F:						
- C C C C C C C C	ERAGES CER S IS TO CERTIFY THAT THE POLICIES		TENUMBER:	AVE DEEN 100	WED T	ALECT CONTRACTOR OF THE PARTY O	REVISION NUMBER:	NE 501	IOV PERIOR	
CEF	ICATED. NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIREM PERTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFORI	OF ANY CO	NTRAC' POLICI	T OR OTHER ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD WY	POLICY NUMBER	POLI	CY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	s		
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s		
F							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	5		
1	SEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s		
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$		
	OTHER:							S	***************************************	
1	AUTOMOBILE LIABILITY		0000009-D01-16				COMBINED SINGLE LIMIT (Ea accident)	s 1,00	0,000	
T	ANY AUTO			10/01	/2024	10/01/2025	BODILY INJURY (Per person)	\$	•	
A	OWNED SCHEDULED AUTOS	i I	U \$25,000/\$50,000		10000000		BODILY INJURY (Per accident)	\$		
1	HIRED NON-OWNED AUTOS ONLY		0000010-D01-16			PROPERTY DAMAGE (Per accident)	\$			
	ACTOS CINET		U \$25,000/\$50,000	10/01	/2024	10/01/2025	(Per accuert)	s	-	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	) )				1	AGGREGATE	s		
	DED RETENTION \$	1					7,00,110	s		
	ORKERS COMPENSATION						PER OTH-			
A	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
0	FFICERMEMBER EXCLUDED? Mandatory In NH)	N/A					E.L. DISEASE - EA EMPLOYEE	s		
lf D	yes, describe under ESCRIPTION OF OPERATIONS below			1			E.L. DISEASE - POLICY LIMIT	s		
		ii					BI - Per Person	\$50,	000	
	NON-OWNED AUTOS ONLY 0000008-D01-16		PD - Per Accident \$25,0	00 10/0	1/2024	10/01/2025	BI - Per Accident	\$100	0,000	
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC Ince of Insurance for the state of Kan						ired)			
CERT	IFICATE HOLDER			CANCELL	ATION					
	Lyft, Inc. 185 Berry Street			ACCORDA	IRATIO NCE W	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.			
Suite 400					AUTHORIZED REPRESENTATIVE					
	San Francisco, CA 94107				-		1		$\rightarrow$	
				T	@40	188-204E APA	ORD CORPORATION.	All sint	to report	
					@ 13	JUM GIUS-CO	JAD GOAFORONIION.	ru rign	to reserved.	

AGENCY CUSTOMER ID:	والمراجع المراجع المرا
LOC#:	·



## **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

NAMED WSURED					
Lyft, Inc.					
15 Berry Street					
Suite 400					
San Francisco, CA					
EFFECTIVE DATE: 10/01/2024					
 E					

0000008-001-10,0000008-001-10,0000010-001-10		Galle 400										
CARRIER	NAIC CODE	San Francisco, CA										
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE: 10/01/2024										
ADDITIONAL REMARKS												
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,												
FORM NUMBER: 25 FORM TITLE: Acord												
Coverage expiration: 10/01/2025												
0000008-D01-46:												
Uninsured/Underinsured Bodily Injury (U) \$25,000 per person/\$50,000 per accident												
No-Fault Coverage included as further described in the policy, subject to selected limits of: \$4,500 medical expenses, \$4,500 rehab expenses												
0000009-D01-16-& 0000010-D01-16:												
Uninsured/Underinsured Bodily Injury (U) \$25,000 per person/\$50,000 per accident												
No-Fault Coverage included as further described in the policy, subject to selected limits of: \$4,500 medical expenses, \$4,500 rehab expenses												
Compréhensive Coverage: \$2,500 Deductible Collision Coverage: \$2,500 Deductible												
The auto physical damage coverage limits provided under this policy will be ACV or the cost to repair, whichever is tess, less the \$2,500 deductible.												
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