

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Daniel Martin, State Farm Fire and Casualty Company		NAMED INSURED Lyft, Inc.	
POLICY NUMBER: 0000008-D01-16; 0000009-D01-16; 0000010-D01-16		15 Berry Street Suite 400 San Francisco, CA	
CARRIER State Farm Fire and Casualty Company	NAIC CODE 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-D01-16:

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

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

Comprehensive 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 less, less the \$2,500 deductible.