

DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th ificate holder in lieu of ຣເ				require an endorsement	. A st	atement on
PRO				<u> </u>				CONTAC NAME:		,			
PR)GR	ESSIVE COMMER	RCIA	ı				PHONE FAX					
		(94739	(01)					É-MAIL					
CLE	VEL	AND, OH 44101						ADDRESS:					
										RDING COVERAGE		NAIC#	
INICII	INSURED						RA: United Fire	nanciai Casuait	y Company		11770		
			LC; I	Rasier-DC, LLC; R	asier-	PA, LI	LC; Rasier-MT, LLC;	INSURE					
Hin	ter-N	IM, LLC					, ,	INSURER C:					
		d Street Incisco, CA 94158						INSURE	RD:				
Sai	ГГА	IIICISCO, CA 94 136						INSURE	RE:				
								INSURE	RF:				
		RAGES					NUMBER:				REVISION NUMBER:		
IN CI	DIC/ ERTI	ATED. NOTWITH	HST.	ANDING ANY RE SUED OR MAY	QUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY 1	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF IN	ISUR	ANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GEN	NER	AL LIABILITY		1111			(IIIIII 2 27 1 1 1 1)	(EACH OCCURRENCE	\$	
		CLAIMS-MADI	₋ [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		OLANIO-IVIADI		000010							MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	CEN	│ N'L AGGREGATE LIM	41T A	DDI IEC DED.								\$	
	GEI	POLICY PROJECT									GENERAL AGGREGATE		
		· · · · · · · · · · · · · · · · · · ·	CT	LOC							PRODUCTS - COMP/OP AGG	\$	
	АПТ	OTHER: TOMOBILE LIABILITY	,								COMBINED SINGLE LIMIT	\$	
	Α0.	ANY AUTO	•								(Ea accident) BODILY INJURY (Per person)	•	_
		OWNED		SCHEDULED							, , ,	\$ 50.00	
Α		AUTOS ONLY	Х	AUTOS NON-OWNED			01233939		03/01/2024	03/01/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 100,0	
		AUTOS ONLY	^	AUTOS ONLY							(Per accident)	\$ 25,00	0
												\$	
		UMBRELLA LIAB	F	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETER		N \$							DED OTH	\$	
		RKERS COMPENSAT) EMPLOYERS' LIABI		Y/N							PER OTH- STATUTE ER		
		PROPRIETOR/PARTN		EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	ODL.	J							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPER	RATIC	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	RIPT	TION OF OPERATION	NS / L	OCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
As fu	rther (described in the policy	y, an	insured auto is an au	to beir	g opera	rated by a TNC driver, but only when	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availab	le to receive
reque	ests, b	but has not accepted a	any r	equest through the ric	de-shai	e appli	cation.						
CERTIFICATE HOLDER CANCELLATION													
Uber Technologies, Inc. 1725 3rd Street San Francisco, CA 94158						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 Batrical M. Corus					



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th ificate holder in lieu of su				require an endorsement	. A sta	atement on
PRO	DUCE	R						CONTACT NAME:					
PRO	OGRE	ESSIVE COMMER	RCIA	\L				PHONE FAX (A/C, No. Ext): (A/C, No):					
		94739						E-MAIL ADDRESS:					
CLE	VEL	AND, OH 44101										NAIC#	
						INSURE	RA: United Fir	nancial Casualt	y Company		11770		
INSU		100 . 041				DA 11	IOD : MT IIO	INSURE	RB:				
	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC					INSURE	RC:						
172	5 3rd	Street						INSURE	RD:				
San	San Francisco, CA 94158						INSURE	RE:					
								INSURE	RF:				
CO	VER	AGES		CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:		
IN CI	DIC/ ERTI	ATED. NOTWIT FICATE MAY BE	HST. E IS	ANDING ANY RE SUED OR MAY	QUIF PERT POLI	REMEN AIN, 7 CIES. I	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY 1	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO \	WHICH THIS
INSR LTR		TYPE OF I	NSUF	RANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
		COMMERCIAL GE	NER	AL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
		CLAIMS-MAD	DE [OCCUR							PREMISES (Ea occurrence)	\$	
											MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIN									GENERAL AGGREGATE	\$	
		POLICY PR JE	ČT	LOC							PRODUCTS - COMP/OP AGG	\$	
	AUT	OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000.	000
		ANY AUTO									BODILY INJURY (Per person)	\$,000
Α		OWNED AUTOS ONLY		SCHEDULED AUTOS			01232448		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
, ,		HIRED	Χ	NON-OWNED			01202440		00/01/2021	00/01/2020	PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONLY		AUTOS ONLY							(Fer accident)	\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	F	CLAIMS-MADE							AGGREGATE	\$	
		DED RETE	NTIC								, tootte, the	\$	
		KERS COMPENSA	TION								PER OTH- STATUTE ER	<u> </u>	
	ANYF	EMPLOYERS' LIAB PROPRIETOR/PART	NER/	EXECUTIVE TIN							E.L. EACH ACCIDENT	\$	
	OFFI	CER/MEMBER EXCL Idatory in NH)	UDE	D?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under CRIPTION OF OPER	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
	DE0.	OTAL PROPERTY OF EL	VIII	SITO BOIOW							2.2. 3162.102 1 02.01 2	<u> </u>	
DES	RIPT	ION OF OPERATIO	NS / L	LOCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may be	e attached if mor	e space is requir	ed)		
ride-s	As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application, has recorded acceptance in the ide-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location. Uninsured / Underinsured Bodily Injury included as further described in the policy.												
CE'	2TIE	ICATE HOLDI	FP					CANC	ELLATION				
CEI	X 1 11	IONIL HULDI	∟ı∖				T	CANO	LLLATION				
172	5 3rd	chnologies, Inc. Street ncisco, CA 94158						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
<u></u>								AUTHORIZED REPRESENTATIVE					

AGENCY CUSTOMER ID:	
LOC #:	



Page 1 of 1

AGENCY	NAMED INSURED					
PROGRESSIVE COMMERCIAL		Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC				
POLICY NUMBER	1725 3rd Street San Francisco, CA 94158					
01232448						
CARRIER	NAIC CODE					
United Financial Casualty Company	EFFECTIVE DATE: 03/01/2024					

ADDITIONAL I	REN	ΛAI	RK	S
--------------	-----	-----	----	---

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ____25 ___ FORM TITLE: _Certificate of Liability Insurance

Additional Coverages

		LIIII165	
•	Comprehensive	Actual Cash Value	\$2,500
	Collision	Actual Cash Value	\$2,500
	Uninsured/Underinsured Motorist Bodily Injury	Included as further described in the policy	
	Uninsured/Underinsured Motorist Property Damage	Included as further described in the policy	



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th				require an endorsement	. A st	atement on
	DUCE			J				CONTAC NAME:		,			
PR)GR	ESSIVE COMME	RCI4	ΔΙ				PHONE FAX					
		(94739	11017					É-MAIL					
CLI	VEL	AND, OH 44101						ADDRES					
										RDING COVERAGE		NAIC#	
INICI	INSURED						RA: United Fire	nancial Casualt	y Company		11770		
		LLC; Rasier-CA, L	LC;	Rasier-DC, LLC; F	Rasier-	PA, LI	LC; Rasier-MT, LLC;	INSURE					
Hin	ter-N	IM, LLC						INSURER C:					
		d Street ncisco, CA 94158						INSURER D:					
Sai	ГГІА	1101500, CA 94 130	,					INSURE	RE:				
								INSURE	RF:				
		AGES					E NUMBER:				REVISION NUMBER:		
IN C	DIC/ ERTI	ATED. NOTWIT FICATE MAY BI	HST E IS	ANDING ANY RE SUED OR MAY	EQUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HAVENT, TERM OR CONDITION THE INSURANCE AFFORDING LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF I	NSUF	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY	INCOL	1111			((EACH OCCURRENCE	\$	
		CLAIMS-MAE	oe [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		OLAIWO-WAL	,	000010							MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	CEN	l N'L AGGREGATE LII	NAIT A	DDI IEC DED.								\$	
	GEI	POLICY PR									GENERAL AGGREGATE		
		<u> </u>	СТ	LOC							PRODUCTS - COMP/OP AGG	\$	
	ΔΙΙΤ	OTHER: OMOBILE LIABILIT	·v								COMBINED SINGLE LIMIT	\$	
	ΑΟ.	ANY AUTO	•								(Ea accident) BODILY INJURY (Per person)	•	_
_		OWNED		SCHEDULED							, , ,	\$ 50,00	
Α		AUTOS ONLY HIRED	Х	AUTOS NON-OWNED			06250463		03/01/2024	03/01/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 100,0	
		AUTOS ONLY	_	AUTOS ONLY							(Per accident)	\$ 25,00	0
												\$	
		UMBRELLA LIAB	ŀ	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE	-						AGGREGATE	\$	
		DED RETE		ON \$							DED OTH	\$	
		RKERS COMPENSA EMPLOYERS' LIAE		Y/N							PER OTH- STATUTE ER		
		PROPRIETOR/PART ICER/MEMBER EXCL		EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LODE	J							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPEI	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (A	ACORD	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
As fu	rther o	described in the police	cy, an	insured auto is an au	ıto beir	ng opera	rated by a TNC driver, but only when	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availab	le to receive
requ	ests, b	out has not accepted	any r	equest through the ri	de-shai	re appli	ication.						
CE	CERTIFICATE HOLDER CANCELLATION												
172	25 3rd	chnologies, Inc. d Street ncisco, CA 94158	3					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
								AUTHO	RIZED REPRESE				
									Patricial Corwin				



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th ificate holder in lieu of su				require an endorsement	. A sta	atement on
PRO	DUCE	R						CONTACT NAME:					
PRO	OGRE	ESSIVE COMMERC	CIAL	-				PHONE FAX (A/C, No. Ext): (A/C, No):					
		94739						E-MAIL ADDRESS:					
CLE	VEL	AND, OH 44101										NAIC#	
						INSURE	RA: United Fir	nancial Casualt	y Company		11770		
INSU		100 . 0111	o D			DA 11	IO D : MT IIO	INSURE	RB:				
	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC					INSURE	RC:						
172	5 3rd	Street						INSURER D :					
San	San Francisco, CA 94158					INSURE	RE:						
								INSURE	RF:				
CO	VER	AGES		CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CI E)	DIC/ ERTI	ATED. NOTWITHS FICATE MAY BE	STA ISS	NDING ANY RE SUED OR MAY	QUIF PERT POLI	REMENTAIN, TOTAL	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO \	WHICH THIS
INSR LTR		TYPE OF INS	SUR	ANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		CLAIMS MADE									EACH OCCURRENCE DAMAGE TO RENTED	\$	
		CLAIMS-MADE	. L	OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	 N'L AGGREGATE LIMI [*]	IT AE	DDI IES DED:							GENERAL AGGREGATE	\$	
	GLI	POLICY PRO-		LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:	1								FRODUCTS - COMPTOF AGG	\$	
	AUT	OMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000.	000
		ANY AUTO									BODILY INJURY (Per person)	\$	000
Α		OWNED		SCHEDULED			06250454		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
, ,		AUTOS ONLY HIRED	X	AUTOS NON-OWNED			00200404		00/01/2021	00/01/2020	PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONLY /		AUTOS ONLY							(Fer accident)	\$	
		UMBRELLA LIAB	Т	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETEN	 1OITI								7.CO.LLO.LL	\$	
		RKERS COMPENSATION	ON	1.0							PER OTH- STATUTE ER	-	
	ANYF	EMPLOYERS' LIABIL PROPRIETOR/PARTNE	ER/E	XECUTIVE TIME							E.L. EACH ACCIDENT	\$	
		CER/MEMBER EXCLUI	JDED	?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under CRIPTION OF OPERA	ATIO	NS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	RIPT	ION OF OPERATIONS	S/L	OCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
							ated by a TNC driver, but only when location or traveling from the pick-up				sured's ride-share application, has	recorded	acceptance in the
CE	RTIF	ICATE HOLDE	R					CANC	ELLATION				
172	5 3rd	chnologies, Inc. I Street ncisco, CA 94158						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
								AUTHOR	RIZED REPRESEI		2		
								Catrical Corwin					

AGENCY CUSTOMER ID:	
LOC #	



Page 1 of 1

AGENCY	NAMED INSURED					
PROGRESSIVE COMMERCIAL		Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC 1725 3rd Street				
POLICY NUMBER	San Francisco, CA 94158					
06250454						
CARRIER	NAIC CODE					
United Financial Casualty Company	EFFECTIVE DATE: 03/01/2024					

ADDITIONAL I	REN	ΛAI	RK	S
--------------	-----	-----	----	---

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ___25 ___ FORM TITLE: _Certificate of Liability Insurance

Additional Coverages

 Insurance coverage(s)	Limits	Deductible
Comprehensive Collision	Actual Cash Value Actual Cash Value	\$2,500 \$2,500
Medical Payments	Included as further described in the policy	



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th ifficate holder in lieu of su	ıch end	dorsement(s		require an endorsement	. A sta	atement on
PRO	DUCE	R						CONTAC NAME:	СТ				
PR	OGRI	ESSIVE COMMERC	CIAL	_				PHONE (A/C, No	Fxt).		FAX (A/C, No):		
		94739						E-MAIL ADDRES	•		1, 7		
CLE	VEL	AND, OH 44101							INS	. ,	RDING COVERAGE		NAIC#
								INSURE	RA: United Fir	nancial Casualt	<mark>y Company</mark>		11770
INSU		LC: Pagior CA 114	C. D	Pagior DC 11.C: E	logior	DA II	LC; Rasier-MT, LLC;	INSURER B:					
		M. LLC	.С, к	asiei-DC, LLC, N	asiei-	ra, Li	LO, Nasier-IVIT, LLO,	INSURER C :					
		Street						INSURER D:					
Sar	Fran	ncisco, CA 94158						INSURER E :					
								INSURER F:					
CO	VER	AGES		CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:		
IN CI	DIC/ ERTI	ATED. NOTWITHS FICATE MAY BE	ISTA ISS	NDING ANY REUED OR MAY	QUIF PERT POLI	REMENTAIN, TOTAL CONTROL OF THE CONT	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS
INSR LTR		TYPE OF INS	SURA	ANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GENE	IERA	L LIABILITY							EACH OCCURRENCE	\$	
		CLAIMS-MADE	: [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
											MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIMI	IT AP	PLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO-)- T	LOC							PRODUCTS - COMP/OP AGG	\$	
	A	OTHER:									COMBINED SINGLE LIMIT	\$	
	AUI	OMOBILE LIABILITY									(Ea accident)	\$	
		ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$ 50,000				
Α		AUTOS ONLY		AUTOS NON-OWNED			06250511		03/01/2024	03/01/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 100,00	00
		AUTOS ONLY		AUTOS ONLY							(Per accident)	\$ 25.000	0
			\perp									\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
	WOE	DED RETEN		1\$							PER OTH-	\$	
	AND	EMPLOYERS' LIABIL	LITY	Y/N							PER OTH- STATUTE ER		
	OFFI	PROPRIETOR/PARTNE CER/MEMBER EXCLUI	IER/E JDED	XECUTIVE ?	N/A						E.L. EACH ACCIDENT	\$	
		idatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERA	IOITA	NS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIONS	S/LO	OCATIONS / VEHIC	LES (A	ACORD	O 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
		described in the policy, out has not accepted ar					rated by a TNC driver, but only when ication.	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availab	le to receive
CEI	RTIF	ICATE HOLDE	R					CANC	ELLATION				
172	25 3rd	chnologies, Inc. d Street ncisco, CA 94158						THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		-
							 	AUTHO	RIZED REPRESE				
									Catricial Cours				



DATE (MM/DD/YYYY) 03/01/2024

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(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).

	is certificate does not confer rights to							equire an endorsement	. A Sta	atement on
PRO	DUCER				CONTAC NAME:	ст	•			
	OGRESSIVE COMMERCIAL				PHONE (A/C, No			FAX (A/C, No):		
	BOX 94739 EVELAND, OH 44101				E-MAIL ADDRES			1 (2 2) 1 2 / 2		
CLL	.VELAND, 011 44 101						URER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE		nancial Casualt			11770
INSU	RED				INSURE	RB:				
	sier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Ra	asier-l	PA, LL	LC; Rasier-MT, LLC;	INSURER C:					
	t <mark>er-NM, LLC</mark> 5 3rd Street				INSURE					
Sar	Francisco, CA 94158				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDE	OF ANY	CONTRACT	OR OTHER I	OCUMENT WITH RESPEC	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	INSD	WVD			(MINIS DE TITTI)	(MINI/DD/1111)	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS			06250472		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD) 101, Additional Remarks Schedu	le, may be	e attached if mor	e space is requir	ed)		
	rther described in the policy, an insured auto is an aut share application of a request, and is either traveling to							sured's ride-share application, has	recorded	acceptance in the
	TIEICATE HOLDED				CANO	ELLATION				
CE	RTIFICATE HOLDER				CANC	ELLATION				
172	er Technologies, Inc. 5 3rd Street I Francisco, CA 94158				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					

AGENCY CUSTOMER ID:	
I OC #:	



Page 1 of 1

AGENCY PROGRESSIVE COMMERCIAL		NAMED INSURED Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC			
POLICY NUMBER 06250472		1725 3rd Street San Francisco, CA 94158			
CARRIER					
United Financial Casualty Company	EFFECTIVE DATE: 03/01/2024				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ___25 ___ FORM TITLE: Certificate of Liability Insurance

Additional Coverages

 Insurance coverage(s)	Limits	Deductible
Comprehensive Collision	Actual Cash Value Actual Cash Value	\$2,500 \$2,500
Medical Payments	Included as further described in the policy	





DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th ificate holder in lieu of si				require an endorsement	. A st	tatement on
PRO	DUCE	R						CONTA NAME:	СТ				
FAR	MER	S INSURANCE EX	KCHA	NGE				PHONE (A/C, No	- Ev#\.		FAX (A/C, No):		
6303	OW	ENSMOUTH AVE,	, 4TH	FLOOR				E-MAIL ADDRE			(A/O, NO).		
woo	DDLA	AND HILLS, CA 913	367					ADDRE		SIIDED(S) AEEOE	RDING COVERAGE		NAIC#
ATTI	N: S1	TRATEGIC ACCOL	JNTS					INSURE			COMPANY OF ARIZONA		21598
INSU	RED							INSURE	RB:				
		RASIER LLC, RAS						INSURE	RC:				
		RASIER-DC LLC, I		ER-PA LLC,				INSURE	RD:				
		1725 3RD STREET	-	044501104				INSURE	RE:				
		SAN FRANCISCO), CA 9					INSURE	RF:				
_		RAGES					NUMBER: SA-UBER-AZ-0		N IOOUED TO		REVISION NUMBER:	IE BOI	LOV DEDICE
IN CI EX	IDIC/ ERTI XCLU	ATED. NOTWITH	ASTAI	NDING ANY RE UED OR MAY	EQUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HA'NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF IN	ISURA	NCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
		COMMERCIAL GEN									EACH OCCURRENCE DAMAGE TO RENTED	\$	
		CLAIMS-MADE	E	OCCUR							PREMISES (Ea occurrence)	\$	
											MED EXP (Any one person)	\$	
	051		41T A D.								PERSONAL & ADV INJURY	\$	
	GEI	N'L AGGREGATE LIM POLICY PRO POLICY JEC									GENERAL AGGREGATE	\$	
		l —	CT L	LOC							PRODUCTS - COMP/OP AGG	\$	
	ΔΠ	OTHER:	,								COMBINED SINGLE LIMIT	\$	
	Α0.	ANY AUTO									(Ea accident) BODILY INJURY (Per person)	\$ 50,0	00
Α		OWNED	s	SCHEDULED			606715881		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	
A		AUTOS ONLY HIRED	\mathbf{V}	AUTOS NON-OWNED							PROPERTY DAMAGE	\$ 25,0	
		AUTOS ONLY		AUTOS ONLY							(Per accident)	\$	00
		UMBRELLA LIAB	\top	000110							EAGU GOOLIDDENGE		
		EXCESS LIAB		OCCUR							EACH OCCURRENCE	\$	
			NTION	CLAIMS-MADE							AGGREGATE	\$	
	WOF	DED RETEN		\$							PER OTH- STATUTE ER	Ф	
		EMPLOYERS' LIABII PROPRIETOR/PARTN		VECUTIVE Y/N								ф.	
	OFF	ICER/MEMBER EXCLU			N/A						E.L. EACH ACCIDENT	\$	
	If ye	ndatory in NH) s, describe under		10.1							E.L. DISEASE - EA EMPLOYEE		
	DES	CRIPTION OF OPERA	ATION	1S below							E.L. DISEASE - POLICY LIMIT	\$	
As fu	urthe	r described in the p	oolicy,	covered autos a	re "au	itos" w	101, Additional Remarks Schedu rhile being used by a "TNC Dri orded acceptance of a reques	ver", pro				cation"	and available
CEI	RTIF	ICATE HOLDE	R					CANC	ELLATION				
				SIER-CA LLC, RASIER-PA LLC	C,			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					
	1725 3RD STREET SAN FRANCISCO, CA 94158 USA							Melvin Cramer Or					





DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th ificate holder in lieu of su				require an endorsement	. A st	tatement on
	DUCE			oomor rigitto t	0 11.10		mouto notaci in nea ci ci	CONTA NAME:		<i>j</i> ·			
FAR	MER	S INSURANCE EX	KCHA	ANGE				PHONE (A/C, No	- 0		FAX		
6303	OW	ENSMOUTH AVE,	, 4TH	I FLOOR				E-MAIL ADDRE	o, Ext):		(A/C, No):		
woo	DDLA	AND HILLS, CA 91:	367					ADDRE					
ATTI	N: ST	TRATEGIC ACCOL	JNTS	8							E COMPANY OF ARIZONA		NAIC # 21598
INSU										3 INSURANCE	COMPANT OF ANIZONA		21000
11430		RASIER LLC, RAS	SIFR	-CALLC				INSURE					
		RASIER-DC LLC,						INSURE					
		1725 3RD STREE		,				INSURE					
		SAN FRANCISCO		04158 154				INSURE	RE:				
			, OA		TIFI	- A T F	NUMBER OF LIDER AZ O	INSURE	RF:		DEVIOLON NUMBER		
		RAGES	гылт				NUMBER: SA-UBER-AZ-0 RANCE LISTED BELOW HAV		N ISSUED TO		REVISION NUMBER:	JE DOI	ICV DEDIOD
IN CI	DICA ERTI	ATED. NOTWITH IFICATE MAY BE	HST/	ANDING ANY RE SUED OR MAY	QUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR		TYPE OF IN	ISUR	ANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GEN	NERA	L LIABILITY					,		EACH OCCURRENCE	\$	
		CLAIMS-MADE	ЕΓ	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
			_								MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	J N'L AGGREGATE LIM	IIT AF	PPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PROJECT		LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:	, ,								7.1.020010 007017.00	\$	
	AUT	TOMOBILE LIABILITY	′								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
		ANY AUTO									BODILY INJURY (Per person)	\$	
Α		OWNED		SCHEDULED AUTOS			606715882		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
		AUTOS ONLY HIRED		NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONLY		AUTOS ONLY							(Fer accident)	\$	
		UMBRELLA LIAB	Т	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETEN	NTIO								AGGREGATE	\$	
		RKERS COMPENSAT	ION	VΨ							PER OTH-	Ψ	
		EMPLOYERS' LIABI PROPRIETOR/PARTN		EXECUTIVE Y/N							E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBEREXCLU	UDEC)?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If ves	s, describe under CRIPTION OF OPER	A T.O	NO beleve							E.L. DISEASE - POLICY LIMIT	\$	
	DES	CRIPTION OF OPER	AHO	INO DEIOW							E.L. DISEASE - POLICY LIMIT	φ	
					•		 101, Additional Remarks Schedul rhile being used by a "TNC Dri				•	ication",	has logged
		•		quest for transpor	tation	servi	ces, and is en route to the pick	-up loca	tion or traveling	to the final des	stination. Uninsured Bodily Inj	ury inclu	ided as
furth	er de	escribed in the polic	cy.										
CF	RTIF	FICATE HOLDE	ER.					CANO	ELLATION				
	RASIER LLC, RASIER-CA LLC,							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				C, RASIER-PA LLO	3								
		1725 3RD S			J ,			AUTHORIZED REPRESENTATIVE					
				O, CA 94158 USA	Δ					Mal.:	e Cramer O		
		OAN I NAINC		C, CA 3+130 US/	٠					" www.	v (ramer V	レ	





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t							equire an endorsement	t. A st	tatement on	
PRO	DUCER				CONTA NAME:	СТ					
FAR	MERS INSURANCE EXCHANGE				PHONE (A/C, No	Ev#\		FAX (A/C, No):			
6303	3 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE			(A/O, NO).			
WO	ODLAND HILLS, CA 91367				ADDRE		SURER(S) AFFOR	DING COVERAGE		NAIC#	
ATT	N: STRATEGIC ACCOUNTS				INSURER A: FARMERS INSURANCE COMPANY OF ARIZONA 21598						
INSU	JRED				INSURER B:						
	RASIER LLC, RASIER-CA LLC,				INSURE	RC:					
	RASIER-DC LLC, RASIER-PA LLC,				INSURE	RD:					
	1725 3RD STREET				INSURE	RE:					
	SAN FRANCISCO, CA 94158 USA				INSURE	RF:					
_				NUMBER: SA-UBER-AZ-0				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT	OR OTHER I	OOCUMENT WITH RESPE O HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
LTR	TYPE OF INSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
^	OWNED SCHEDULED							BODILY INJURY (Per accident)			
Α	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUB							EACH OCCURRENCE	\$		
	EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							AGGREGATE	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	φ		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	BESONII FION OF CITETIONS BOOM							COMP DEDUCTIBLE	\$2,500		
	BUS AUTO DAMAGE			606715882PD		03/01/2024	03/01/2025	COLL DEDUCTIBLE	\$2,500		
As for the f	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI urther described in the policy, limit is the lesse erPartner application", provided the "TNC Driv final destination. Coverage only applies if at th TNC Driver as an insured or the auto driven by	r of A er" ha e time	ctual (is logg e of los	Cash Value and Cost of Repair ged and recorded acceptance of ss, the covered auto driven by	. A cove of a requ	red auto is a pa est for transport	assenger "auto" tation services,	while being used by a "TNC and is en route to the pick-up	locatio	n or traveling to	
CE	DTIEICATE HOLDED				CANC	ELLATION					
CE	RTIFICATE HOLDER RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC	C,			SHO THE ACC	EXPIRATION ORDANCE WI	N DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I Y PROVISIONS.			
	1725 3RD STREET			AUTHORIZED REPRESENTATIVE							

Melvin Cramer

SAN FRANCISCO, CA 94158 USA



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th ificate holder in lieu of su				require an endorsement	. A sta	atement on
	DUCE		1100	comer rights t	O tile	COIL	incate noider in ned or st	CONTAC NAME:		,.			
		ιτ κ Insurance Servic	200 M	Voot Inc				PHONE			FAX (A/C, No):		
		cinsulance Servic	es v	vest, inc.				(A/C, No E-MAIL			(A/C, No):		
		ket Street, Suite 2	800					ADDRES					
Sar	Fran	ncisco, CA 94105									DING COVERAGE		NAIC#
								INSURE	RA: Blue Hill S	Specialty Insura	ance Company		15643
	RED er Te	chnologies Inc. a	nd its	s subsidiaries: Ras	ier I I	C · R	asier-DC, LLC ; Rasier-PA,	INSURE	RB:				
LLC		0		, , , , , , , , , , , , , , , , , , ,	, 2.		usis: 20, 220 ; rusis: 17,	INSURE	RC:				
		d Street ncisco, CA 94158						INSURE	RD:				
Sai	ГГІА	11CISCO, CA 94 136						INSURE	RE:				
								INSURE	RF:				
		AGES					NUMBER:				REVISION NUMBER:		
IN C	DIC/ ERTI	ATED. NOTWITH	HST.	Anding any re Sued or may	QUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY 1	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS
INSR LTR		TYPE OF II	NSUR	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
		COMMERCIAL GE	NER	AL LIABILITY					,	,	EACH OCCURRENCE	\$	
		CLAIMS-MAD	DE [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
			_								MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIN	MIT A	PPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PR	O- CT	LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:										\$	
	AUT	OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO									BODILY INJURY (Per person)	\$ 50,00	0
Α		OWNED AUTOS ONLY		SCHEDULED AUTOS			06250502		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	00
		HIRED AUTOS ONLY	Χ	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 30,00	0
		7.0.00 0.1.2.		7.0.00 0.12.								\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE	ENTIC	ON \$								\$	
		RKERS COMPENSA	TION								PER OTH- STATUTE ER		
	ANY	EMPLOYERS' LIAB PROPRIETOR/PART	NER/	EXECUTIVE TIN	.						E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCL ndatory in NH)	UDE	D?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If ves	s, describe under CRIPTION OF OPER	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
	-	<u> </u>	0 11110	5.10 50.01								*	
DES	CRIPT	ION OF OPERATIO	NS / L	LOCATIONS / VEHIC	LES (A	ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
As fı	rther	described in the polic	cv an	insured auto is an au	ıto beir	na opera	rated by a TNC driver, but only wher	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availah	le to receive
				equest through the ri									
CE	RTIF	ICATE HOLDI	ER					CANC	ELLATION				
172	25 3rd	chnologies, Inc. a d Street ncisco, CA 94158		s subsidiaries				THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
								AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th ificate holder in lieu of su				require an endorsement	. A sta	atement on
PRO	DUCE	R						CONTAC NAME:	CT .				
		Insurance Service	s W	est, Inc.				PHONE (A/C, No	Ext).		FAX (A/C, No):		
		ncisco CA Office						E-MAIL ADDRES					
		ket Street, Suite 28 ncisco, CA 94105	000					ADDICE		URER(S) AFFOR	RDING COVERAGE		NAIC#
								INSURE	RA: Blue Hill S	Specialty Insura	ance Company		15643
INSU		chnologies Inc. and	d ite	subsidiaries: Ras	ier II	C · Rs	asier-DC, LLC; Rasier-PA,	INSURER B:					
LLC		<u> </u>	a no	oubordianios, ras	ioi, LL	, , , ,	20101 20, 220, 1140101 171,	INSURER C:					
		Street ncisco. CA 94158						INSURER D:					
		,						INSURER E:					
CO	VER	AGES		CER	TIFIC	CATE	NUMBER:	INSURE	K F :		REVISION NUMBER:		
IN CI	DICA ERTII	ATED. NOTWITH FICATE MAY BE	IST/	ANDING ANY RE SUED OR MAY	QUIF PERT	REMEN AIN, 7	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR LTR		TYPE OF INS	SUR	ANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
		COMMERCIAL GEN	IERA	L LIABILITY							EACH OCCURRENCE	\$	
		CLAIMS-MADE	EL	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
											MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	I'L AGGREGATE LIMI		PPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PROJECT	Ť	LOC							PRODUCTS - COMP/OP AGG	\$	
	AUT	OTHER: OMOBILE LIABILITY	,								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000
	ANY AUTO									BODILY INJURY (Per person)	\$	000	
Α		OWNED AUTOS ONLY		SCHEDULED AUTOS			01230478		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
			X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		7.0100 GNET		AO FOO ONE I								\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETEN		N \$								\$	
		RKERS COMPENSATI EMPLOYERS' LIABIL		Y/N							PER OTH- STATUTE ER		
	ANYF OFFI	PROPRIETOR/PARTN CER/MEMBER EXCLU	IER/E	EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Man	idatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERA	ATIO	NS below		\vdash					E.L. DISEASE - POLICY LIMIT	\$	
DES	RIPT	ION OF OPERATIONS	S/L	OCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may be	e attached if mor	e space is requir	ed)		
ride-s	hare a		st, ar	nd is either traveling t			ated by a TNC driver, but only when location or traveling from the pick-up						
CEI	RTIF	ICATE HOLDE	R					CANC	ELLATION				
172	5 3rd	chnologies, Inc. and Street ncisco, CA 94158	d its	subsidiaries				THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
							ļ	AUTHOR	RIZED REPRESEI		2		
								Catrical Corwin					

AGENCY CUSTOMER ID:	
1.00 #.	



Page 1 of 1

AGENCY		NAMED INSURED				
Aon Risk Insurance Services West, Inc.	Uber Technologies, Inc. and its subsidiaries; Rasier, LLC; Rasier-DC, LLC; Rasier-PA, LLC					
POLICY NUMBER 01230478	1725 3rd Street San Francisco, CA 94158					
CARRIER						
Blue Hill Specialty Insurance Company	EFFECTIVE DATE : 03/01/2024					

ADDITIONAL REMARKS

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Comprehensive Collision	Actual Cash Value Actual Cash Value	\$2,500 \$2,500
Uninsured/Underinsured Motorist	Included as further described policy	in the



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th tificate holder in lieu of su				require an endorsement	. A sta	atement on
PRO	DUCE	R						CONTAC NAME:	CT				
		Insurance Services	s We	est, Inc.				PHONE (A/C, No	Ext).		FAX (A/C, No):		
		ncisco CA Office	00					E-MAIL ADDRES			1 (2 - 3, 112)		
		ket Street, Suite 280 ncisco, CA 94105	00					ADDRES		URER(S) AFFOR	RDING COVERAGE		NAIC#
								INSURE	RA: Blue Hill S	Specialty Insura	ance Company		15643
	RED					0 0	. DO 11 O D . DA	INSURE	RB:				
LLC		chnologies, Inc. and	i its s	subsidiaries; Ras	ier, LL	.C ; Ra	asier-DC, LLC ; Rasier-PA,	INSURE	RC:				
		Street						INSURE	RD:				
Sar	Frar	ncisco, CA 94158						INSURE	RE:				
								INSURE	RF:				
CO	VER	AGES		CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:		
IN C	IDIC <i>I</i> ERTI	ATED. NOTWITHS FICATE MAY BE	STA ISS	nding any re UED or may	QUIF PERT POLI	REMENTAIN, TOTAL CONTROL OF THE CONT	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY 1	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR LTR		TYPE OF INS	SURA	NCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GENE	ERAI	LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
		CLAIMS-MADE	L	OCCUR							PREMISES (Ea occurrence)	\$	
											MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIMIT		PLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT	Ť [LOC							PRODUCTS - COMP/OP AGG	\$	
	AUT	OTHER: OMOBILE LIABILITY									COMBINED SINGLE LIMIT	-	CORD101
		ANY AUTO									(Ea accident) BODILY INJURY (Per person)	\$	CONDIO
Α		OWNED		SCHEDULED			01230470		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
^		AUTOS ONLY HIRED	1 X	AUTOS NON-OWNED			01230470		03/01/2024	03/01/2023	PROPERTY DAMAGE	\$	
		AUTOS ONLY /	- 1	AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB	Т	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETEN	ITION								7.001.1207.112	\$	
		RKERS COMPENSATION	ON	. •							PER OTH- STATUTE ER	<u> </u>	
	ANYF	EMPLOYERS' LIABIL PROPRIETOR/PARTNE	ER/E	XECUTIVE TI							E.L. EACH ACCIDENT	\$	
		CER/MEMBER EXCLUI	IDED1	?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under CRIPTION OF OPERA	AOITA	JS helow							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIONS	S/LC	OCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
As fu	rther o	described in the policy,	, an in	sured auto is an au	to bein	g opera	ated by a TNC driver, but only when	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availab	le to receive
reque	ests, b	ut has not accepted an	ny rec	quest through the ric	le-shar	e applio	cation.						
CE	RTIF	ICATE HOLDER	R					CANC	ELLATION				
172	5 3rd	chnologies, Inc. and I Street ncisco, CA 94158	d its s	subsidiaries				THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
								AUTHOR	RIZED REPRESEI		tricial Corw	-5	-
								l		~ 4			

AGENCY CUSTOMER ID:	
LOC #	



Page 1 of 1

AGENCY Aon Risk Insurance Services West, Inc.	NAMED INSURED Uber Technologies, Inc. and its subsidiaries; Rasier, LLC; Rasier-DC, LLC; Rasier-PA, LLC	
POLICY NUMBER 01230470	1725 3rd Street San Francisco, CA 94158	
CARRIER	NAIC CODE	
Blue Hill Specialty Insurance Company	15643	EFFECTIVE DATE: 03/01/2024

ADD	ITIOI	UΔI	REM	IΔR	KS
ADD	וטווי	ᇄᅩ		IAN	NO

THIS ADDITIONAL REMARKS FORM FORM NUMBER: 25 FORM	S A SCHEDULE TO ACORD FORM, TITLE: _Certificate of Liability Insurance		
Additional Coverages			
Insurance coverage(s)	Limits	Deductible	

Excess Liability To Others
Bodily Injury and Property Damage
Liability

\$200,000 Combined Single Limit, excess of Retained Limits of: \$50,000 each person Bodily Injury \$100,000 each accident Bodily Injury \$30,000 each accident Property Damage



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th	•	•	•	require an endorsement	. A st	atement on
	DUCE			J				CONTAC NAME:		,			
PR)GR	ESSIVE COMMEI	RCIA	ΔI				PHONE			FAX (A/C, No):		
		(94739	11017	·L				(A/C, No E-MAIL			(A/C, NO):		
CLE	VEL	AND, OH 44101						ADDRES					
											RDING COVERAGE		NAIC#
INSU	DED.								RA: United Fire	nancial Casualt	y Company		11770
		LLC; Rasier-CA, L	LC;	Rasier-DC, LLC; F	Rasier-	-PA, LI	LC; Rasier-MT, LLC;	INSURE					
		IM, LLC						INSURE	RC:				
		d Street ncisco, CA 94158						INSURE	RD:				
Oai	IIIa	1101300, OA 94130	'					INSURE	RE:				
								INSURE	RF:				
		AGES					E NUMBER:				REVISION NUMBER:		
IN CI	DICA ERTI	ATED. NOTWITH	HST. E IS	ANDING ANY RE SUED OR MAY	QUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY					,	,	EACH OCCURRENCE	\$	
		CLAIMS-MAD	of [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		02,									MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	I N'L AGGREGATE LIN	міт д	PDI IES PER:							GENERAL AGGREGATE	\$	
	OL.	POLICY PR		LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:	CI								TROBUCTO - COMITTOL ACC	\$	
	AUT	OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT	\$	
		ANY AUTO									(Ea accident) BODILY INJURY (Per person)	•	•
Α		OWNED [SCHEDULED			00050444		00/04/0004	00/04/0005	BODILY INJURY (Per accident)		
Α		AUTOS ONLY HIRED	Х	AUTOS NON-OWNED			06250141		03/01/2024	03/01/2025	PROPERTY DAMAGE	Φ	
		AUTOS ONLY		AUTOS ONLY							(Per accident)	\$ 30.00	0
		UMBRELLA LIAB											
		EXCESS LIAB	-	OCCUR							EACH OCCURRENCE	\$	
				CLAIMS-MADE	-						AGGREGATE	\$	
	WOE	DED RETE		DN \$							PFR OTH-	\$	
	AND	EMPLOYERS' LIAB	BILITY								PER OTH- STATUTE ER		
	OFF	PROPRIETOR/PART ICER/MEMBER EXCL		EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
		ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPER	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (A	ACORD	O 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
							rated by a TNC driver, but only when	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availab	le to receive
reque	ests, r	out has not accepted	any r	equest through the ric	de-snai	re appıı	cation.						
CEI	RTIF	ICATE HOLD	ER					CANC	ELLATION				
172	25 3rd	chnologies, Inc. d Street ncisco, CA 94158	3					THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
								AUTHO	RIZED REPRESE				
										60	tricial Con	5	



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th				require an endorsement	. A st	atement on
PRO	DUCE	:R						CONTAC NAME:	СТ				
PR	OGRI	ESSIVE COMME	RCIA	NL				PHONE			FAX (A/C, No):		
		94739						(A/C, No E-MAIL ADDRES			(A/C, NO).		
CLE	:VEL	AND, OH 44101						ADDRES		HIDED(E) AFFOR	RDING COVERAGE		NAIC#
								INCLIDE	RA: United Fir				11770
INSU	PED									ilanciai Casuaii	y Company		11770
		LC; Rasier-CA, L	LC; I	Rasier-DC, LLC; R	asier-	PA, LI	LC; Rasier-MT, LLC;	INSURE					
		M, LLC						INSURE					
		l Street ncisco, CA 94158						INSURE					
Oui	i i iui	101300, 07 (34 100						INSURE					
								INSURE	RF:		DEV//01011 1111110ED		
		AGES	T114				E NUMBER: RANCE LISTED BELOW HAV	/E DEE!	N IOOUED TO		REVISION NUMBER:	IE DOI	IOV DEDIOD
IN C	DIC/ ERTI	ATED. NOTWIT FICATE MAY BI	HST E IS	ANDING ANY RE SUED OR MAY	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY					,	,	EACH OCCURRENCE	\$	
		CLAIMS-MAD	DE [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
											MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	I N'L AGGREGATE LII	ΜΙΤ Δ	.PDI IES PER:							GENERAL AGGREGATE	\$	
	OL.	POLICY PR		LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:	CI								TROBUCTO - GOINI TOT AGG	\$	
	AUT	OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT	\$ 1,000	000
		ANY AUTO									(Ea accident) BODILY INJURY (Per person)	\$,000
Α		OWNED		SCHEDULED			06250146		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
^		AUTOS ONLY HIRED	Х	AUTOS NON-OWNED			00230140		03/01/2024	03/01/2023	PROPERTY DAMAGE	\$	
		AUTOS ONLY		AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB											
		EXCESS LIAB	H	OCCUR							EACH OCCURRENCE	\$	
				CLAIMS-MADE	-						AGGREGATE	\$	
	WOF	DED RETE		ON \$							PEROTH-	\$	
	AND	EMPLOYERS' LIAB	BILITY								STATUTE ER		
	OFF	PROPRIETOR/PART ICER/MEMBER EXCL			N/A						E.L. EACH ACCIDENT	\$	
	If ves	ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPER	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (A	ACORD	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
							rated by a TNC driver, but only when location or traveling from the pick-up						
		n the policy.	ost, a	ind is clinici travelling	o tric p	лок-ир	location of traveling from the pick-up	Diocation	to the iniai destin	ation location. On	misured / Oridermisured bodily mjur	y ii loiddo	a as lattici
CE	RTIF	ICATE HOLD	ER					CANC	ELLATION				
172	5 3rd	chnologies, Inc. I Street ncisco, CA 94158						THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
								AUTHOR	RIZED REPRESEI		triciaM. Com	5	

AGENCY CUSTOMER ID:	
1.00 #.	



Page 1 of 1

AGENCY		NAMED INSURED			
PROGRESSIVE COMMERCIAL		Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC			
POLICY NUMBER		1725 3rd Street San Francisco, CA 94158			
06250146					
CARRIER	NAIC CODE				
United Financial Casualty Company	11770	EFFECTIVE DATE : 03/01/2024			

ADDITIONAL I	REN	ΛAI	RK	S
--------------	-----	-----	----	---

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Comprehensive	Actual Cash Value	\$2,500
Collision	Actual Cash Value	\$2,500
Uninsured/Underinsured		
Bodily Injury Liability	Included as further described i policy	in the

ACORD	

DATE(MM/DD/YYYY) 02/12/2024

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 certificate does not confer rights to the ce					uire an endorsement. A s	tatement on thi	s		
PRODUCER Aon Risk Insurance Services West, Inc. San Francisco CA Office		NÂME PHON	CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No.):						
425 Market Street Suite 2800	E-MA ADDF								
San Francisco CA 94105 USA				RDING COVERAGE	NAIC #				
INSURED		INSUF	RER A: Li	berty Surplu	s Insurance Corporatio	n 10725			
Rasier LLC, Rasier-CA LLC,		INSUF	RER B:						
1725 3rd Street									
San Francisco CA 94158 USA		INSUF	INSURER D:						
		INSUF	INSURER E:						
		INSUF	RER F:						
COVERAGES CERTIFI	CATE	NUMBER: 570103911821		R	EVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIF CERTIFICATE MAY BE ISSUED OR MAY PEREXCLUSIONS AND CONDITIONS OF SUCH PO	REMEN TAIN, T	T, TERM OR CONDITION OF AN HE INSURANCE AFFORDED BY	NY CONTRA 7 THE POLI	CT OR OTHER CIES DESCRIBE	DOCUMENT WITH RESPECT ED HEREIN IS SUBJECT TO	T TO WHICH TH	IIS IS,		
INSR TYPE OF INSURANCE INS	L SUBR D WVD	POLICY NUMBER	POLICY E (MM/DD/YY	FF POLICY EXP YY) (MM/DD/YYYY	LIMITS	•			
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE				
					DAMAGE TO BENTED				

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	OTHER: AUTOMOBILE LIABILITY			ASE-665-067247-224	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO SCHEDULED						BODILY INJURY (Per person) \$50,000 BODILY INJURY (Per accident) \$100,000
	OWNED AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS X NON-OWNED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS						PROPERTY DAMAGE (Per accident) \$25,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" is "available to receive requests" for transportation services, but has not accepted any request. Uninsured / Underinsured Bodily Injury included as further described in the policy.

CERTIFICATE HOLDER

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA

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

Aon Rish Insurance Services West, Inc.

DATE(MM/DD/YYYY) 02/12/2024

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.

RODUCER			CONTAC NAME:	т						
on Risk Insurance Services West, I an Francisco CA Office	inc.		PHONE (A/C. No	. Ext):		FAX (A/C. No.):				
?5 Market Street			E-MAIL			(A/O. NO.).				
ite 2800 n Francisco CA 94105 USA			ADDRE		IDED(O) AFFO	DDING COVERAGE	NAIC#			
			INSURER(S) AFFORDING COVERAGE INSURER A. Liberty Surplus Insurance Corporation 10							
SURED sier LLC, Rasier-CA LLC,			INSURER A: Liberty Surplus Insurance Corporation 103							
sier-DC LLC, Rasier-PA LLC 25 3rd Street			INSURER B: INSURER C:							
n Francisco CA 94158 USA			INSURE							
			INSURE	R E:						
			INSURE	R F:						
		E NUMBER: 5701039				VISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH	QUIREM PERTAIN POLICII	ENT, TERM OR CONDIT , THE INSURANCE AFF ES. LIMITS SHOWN MAY	FION OF ANY FORDED BY	CONTRACT THE POLICIE REDUCED B	OR OTHER I S DESCRIBE Y PAID CLAIM	OOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	TO WHICH THIS			
R TYPE OF INSURANCE	ADDL SU INSD W	BR VD POLICY NUME	BER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
COMMERCIAL GENERAL LIABILITY			·			EACH OCCURRENCE DAMAGE TO RENTED				
CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)				
						MED EXP (Any one person) PERSONAL & ADV INJURY				
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE				
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG				
OTHER:										
AUTOMOBILE LIABILITY		ASE-665-067247-2	34	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
ANYAUTO						BODILY INJURY (Per person)	·			
OWNED SCHEDULED						BODILY INJURY (Per accident)				
AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)				
ONLY AUTOS ONLY						(Fer accident)				
UMBRELLA LIAB OCCUR						EACH OCCURRENCE				
EXCESS LIAB CLAIMS-MADE						AGGREGATE				
DED RETENTION										
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-				
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. EACH ACCIDENT				
(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE				
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT				
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL s further described in the policy, ne "digital network application", ransportation services, and is en estination. Uninsured / Underinsur	cover provid route	ed autos are passer ed the "TNC Driver' to the pick up loca	nger "autos ' has logge ation or ti	s" while be ed and reco raveling fr	ing used by rded accepton the pic	y a "TNC Driver" while tance of a request to p k-up location to the f	provide			
ERTIFICATE HOLDER			CANCELLA	ATION						
				N DATE THERE		BED POLICIES BE CANCELLED ILL BE DELIVERED IN ACCORDA				
Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC				REPRESENTATIVI						
1725 3rd Street			Schedule, may be attached if more space is required) enger "autos" while being used by a "TNC Driver" while logged into r" has logged and recorded acceptance of a request to provide cation or traveling from the pick-up location to the final ed as further described in the policy. 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. AUTHORIZED REPRESENTATIVE							

©1988-2015 ACORD CORPORATION. All rights reserved.

Aon Rish Insurance Services West, Inc.

	æ
ACORE	

DATE(MM/DD/YYYY) 02/12/2024

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

RODUCER				CONTACT NAME:							
on Risk Insurance Services West, an Francisco CA Office	Inc.			PHONE (A/C. No. E	(866) 2	83-7122	FAX (A/C. No.): (800) 36	3-0105			
25 Market Street				E-MAIL ADDRESS	,		(/ vo. no.y.				
uite 2800 an Francisco CA 94105 USA				INSURER(S) AFFORDING COVERAGE NAIC							
ISURED				INSURER A	ı: Liber	ty Surplus	Insurance Corporation	10725			
asier LLC, Rasier-CA LLC,				INSURER B:							
<mark>asier-DC LLC, Rasier-PA LLC</mark> 725 3rd Street				INSURER C:							
an Francisco CA 94158 USA				INSURER D:							
				INSURER E:							
				INSURER F:							
OVERAGES CE	RTIFIC	CATE	NUMBER: 5701039118	353		RE	VISION NUMBER:	•			
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	EQUIR PERT CH POL	EMEN AIN, 7 ICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAV	I OF ANY C DED BY TH VE BEEN R	CONTRACT HE POLICIES REDUCED B	OR OTHER D S DESCRIBEI Y PAID CLAIM	OCUMENT WITH RESPECT DEFINITION OF THE PROPERTY OF THE PROPERT	TO WHICH THIS			
ISR TR TYPE OF INSURANCE	ADDI INSE	SUBR WVD	POLICY NUMBER	(1	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED				
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)				
							MED EXP (Any one person)				
	_						PERSONAL & ADV INJURY				
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE				
POLICY JECT LOC							PRODUCTS - COMP/OP AGG				
OTHER:											
AUTOMOBILE LIABILITY	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)				
ANYAUTO							BODILY INJURY (Per person)				
OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)				
HIRED AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)				
No received											
UMBRELLA LIAB OCCUR							EACH OCCURRENCE				
EXCESS LIAB CLAIMS-MAD	Ξ						AGGREGATE				
DED RETENTION WORKERS COMPENSATION AND	$+\!\!-$						PER STATUTE OTH-				
EMPLOYERS' LIABILITY Y	N						ĖR				
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT				
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-EA EMPLOYEE				
A Business Auto Physical Damag			ASE-665-067247-234	0	3/01/2024	03/01/2025	E.L. DISEASE-POLICY LIMIT Comp Deductible	\$2,500			
Coverage			Auto Physical Damage		737 017 2024	03/01/2023	Coll Deductible	\$2,500			
 ESCRIPTION OF OPERATIONS / LOCATIONS / VEHI s further described in the polic	y, cov , prov n rout	vered vided te to	l autos are passenger l the "TNC Driver" ha o the pick up locatio	"autos" is logged on or tra	while be and reco veling fr	ing used by rded accept om the picl	, a "TNC Driver" while tance of a request to p k-up location to the f	logged into provide inal			
he "digital network application" ransportation services, and is e estination. Uninsured / Underins	ureu I										
he "digital network application" ransportation services, and is e estination. Uninsured / Underins	<u> </u>		CAI	NCELLAT	ION						

POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

Aon Rish Insurance Services West, Inc.

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA





DATE (MM/DD/YYYY) 03/01/2024

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.

If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to the						equire an endorsement	. A st	atement on	
PRODUCER			CONTA NAME:		,				
FARMERS INSURANCE EXCHANGE			PHONE (A/C, No			FAX			
6303 OWENSMOUTH AVE, 4TH FLOOR			E-MAIL ADDRE	o, Ext):		(A/C, No):			
WOODLAND HILLS, CA 91367			ADDRE					NAIC#	
ATTN: STRATEGIC ACCOUNTS			INSURER(S) AFFORDING COVERAGE						
			INSURER A: TRUCK INSURANCE EXCHANGE 21709						
RASIER LLC, RASIER-CA LLC,			INSURER B:						
RASIER-DC LLC, RASIER-PA LLC,			INSURER C:						
			INSURER D:						
1725 3RD STREET			INSURE	RE:					
SAN FRANCISCO, CA 94158 USA			INSURE	RF:					
COVERAGES CERTIF	CATE	E NUMBER: DC-UBER-RAS	IER-PE	RIOD1		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PEREXCLUSIONS AND CONDITIONS OF SUCH POLITIONS	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	OOCUMENT WITH RESPECT TO	O ALL	WHICH THIS	
LTR TYPE OF INSURANCE INS	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
023 41110 1111 1122 [] 000011						MED EXP (Any one person)	\$		
						PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$		
						PRODUCTS - COMP/OP AGG	\$		
OTHER: AUTOMOBILE LIABILITY	+					COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$ 50,00	20	
OWNED SCHEDULED		606715821		03/01/2024	03/01/2025	` ' '	\$ 100,0		
A AUTOS ONLY AUTOS NON-OWNED		000713021		00/01/2024	00/01/2020	BODILY INJURY (Per accident) PROPERTY DAMAGE			
AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ 25,00	JU	
	-						\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION \$						DED. LOTU	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<u> </u>					E.L. EACH ACCIDENT	\$		
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLE	S (ACORD 101, Additional Re	emarks	Schedule, may	y be attached i	f more space is required)			
As further described in the policy, covered autos are "a available to receive requests for transportation service policy.									
CERTIFICATE HOLDER			CANG	ELLATION					
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,			SHC THE ACC	OULD ANY OF	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.			
1725 3RD STREET			AUINO			0			
SAN FRANCISCO, CA 94158 USA			Melvin Cramer Or.						





DATE (MM/DD/YYYY) 03/01/2024

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement	. A st	atement on	
	DUCER				CONTA NAME:		,				
FARI	MERS INSURANCE EXCHANGE				PHONE (A/C, No	Fyt).		FAX (A/C, No):			
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	SS:		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
woo	DLAND HILLS, CA 91367				ADDILL		SURFR(S) AFFOR	PDING COVERAGE		NAIC#	
ATTI	N: STRATEGIC ACCOUNTS				INSURER(S) AFFORDING COVERAGE INSURER A: TRUCK INSURANCE EXCHANGE						
INSU	RED				INSURE						
	RASIER LLC, RASIER-CA LLC, RASIEI	R-DC	LLC, F	RASIER-PA LLC,	INSURER C:						
	1725 3RD STREET				INSURER D :						
	SAN FRANCISCO, CA 94158 USA				INSURE						
					INSURE						
CO	VERAGES CER	TIFIC	CATE	NUMBER: DC-UBER-RAS				REVISION NUMBER:			
IN CE E>	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	OF EQUIF PERT POLI	INSUF REME AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEE OF AN' ED BY	N ISSUED TO Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS			606715822		03/01/2024	03/01/2025	,	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
As fu	CRIPTION OF OPERATIONS / LOCATIONS in the reserved in the policy, covered autos a recorded acceptance of a request for transpooled as further described in the policy.	are "au	ıtos" w	hile being used by a "TNC Dri	ver", pro	vided the "TNO	Driver" is logg	ed into the "UberPartner appli			
CEI	RTIFICATE HOLDER				CANC	ELLATION					
CLI	RASIER LLC, RASIER-CA LLC, F DC LLC, RASIER-PA LLC, 1725 3RD STREET	RASIE	₹-		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						
	SAN FRANCISCO, CA 94158 US	A			Melvin Cramer Or.						





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t				ich end	lorsement(s)		equire an endorsement	. A st	atement on	
PRO	DUCER				CONTAC NAME:	т					
FAR	MERS INSURANCE EXCHANGE				PHONE (A/C, No	Fxt):		FAX (A/C, No):			
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRES						
WOO	DDLAND HILLS, CA 91367						URER(S) AFFOR	DING COVERAGE		NAIC#	
ATTI	N: STRATEGIC ACCOUNTS				INSURER A: TRUCK INSURANCE EXCHANGE 21709						
INSU	RED				INSURER B:						
	RASIER LLC, RASIER-CA LLC, RASIEF	R-DC I	LLC, F	RASIER-PA LLC,	INSURER C:						
	1725 3RD STREET				INSURER D:						
	SAN FRANCISCO, CA 94158 USA				INSURER E :						
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER: DC-UBER-RAS	IER-PD			REVISION NUMBER:			
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO D ALL	WHICH THIS	
INSR LTR			WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$	1						HOOKEGHIE	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	BUS AUTO DAMAGE			606715822PD		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2,500		
								COLL DEDUCTIBLE	\$2,500		
As fu the "	CRIPTION OF OPERATIONS / LOCATIONS urther described in the policy, limit is the lesse UberPartner application", provided the "TNC leing to the final destination. Coverage only apply that includes the TNC Driver as an insured	r of A Driver	ctual C " has I if at th	Cash Value and Cost of Repair logged and recorded acceptance e time of loss, the covered auto	. A cove ce of a re o driven	red auto is a pas equest for trans by the TNC Driv	ssenger "auto" portation servic	while being used by a "TNC es, and is en route to the pic	k-up loc	ation or	
					0						
CE	RTIFICATE HOLDER			1	CANC	ELLATION					
	RASIER LLC, RASIER-CA LLC, R	ASIEI	R-DC I	LLC, RASIER-PA LLC,	THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL E Y PROVISIONS.			

© 1988-2016 ACORD CORPORATION. All rights reserved.

Melvin Cramer

SAN FRANCISCO, CA 94158 USA

AUTHORIZED REPRESENTATIVE





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subjecthis certificate does not confer rights							require an endorsement	. A st	atement on	
PRODUCER				CONTA NAME:		,				
FARMERS INSURANCE EXCHANGE				PHONE (A/C, No	. Ext):		FAX (A/C, No):			
6303 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	SS:		(700,110)			
WOODLAND HILLS, CA 91367				7122112		URER(S) AFFOR	RDING COVERAGE		NAIC#	
ATTN: STRATEGIC ACCOUNTS				INSURER A : FARMERS INSURANCE EXCHANGE 2165						
INSURED				INSURER B:						
RASIER LLC, RASIER-CA LLC,				INSURE						
RASIER-DC LLC, RASIER-PA LLC,				INSURE						
1725 3RD STREET				INSURE						
SAN FRANCISCO, CA 94158 USA				INSURE						
COVERAGES CEI	RTIFI	CATE	E NUMBER: DE-UBER-RAS	•			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF EQUII PERT POLI	INSUF REME FAIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEE OF AN ED BY	IN ISSUED TO Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
OTHER:								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$ 50,00	00	
A OWNED SCHEDULED AUTOS ONLY			606715814		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	000	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 25,00	00	
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$							PER OTH-	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH-			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
As further described in the policy, covered autos	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) as further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available to receive requests for transportation services, but has not recorded acceptance of a request. Personal Injury Protection and Uninsured / Underinsured Bodily Injury included as uurther described in the policy.									
CERTIFICATE HOLDER				CANO	CELLATION					
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL	.C,			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1725 3RD STREET	^				RIZED REPRESE		0			
SAN FRANCISCO, CA 94158 US	А			l		Melvin	e Cramer 🔾	١.		

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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.

lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights	t to t	he te	rms and conditions of th	e polic	cy, certain po	olicies may	-			
-	DUCER				CONTA NAME:	СТ	,				
FARI	MERS INSURANCE EXCHANGE				PHONE (A/C, No	- F4\-		FAX (A/C, No):			
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	0, EXU:		(A/C, NO).			
woo	DLAND HILLS, CA 91367				ADDRE		NIDED(0) AFFOR	DINO COVEDACE		NAIG#	
ATTN	I: STRATEGIC ACCOUNTS							RDING COVERAGE		NAIC # 21652	
INSU					INSURER A.						
114301	RASIER LLC, RASIER-CA LLC,				INSURER B:						
	RASIER-DC LLC, RASIER-PA LLC,				INSURE						
	1725 3RD STREET				INSURE	R D :					
	SAN FRANCISCO. CA 94158 USA				INSURE	RE:					
CO)		TIEI	CATE	NUMBER: DE-UBER-RAS	INSURE			REVISION NUMBER:			
	IIS IS TO CERTIFY THAT THE POLICIE								de POI	ICY PERIOD	
IN	DICATED. NOTWITHSTANDING ANY R	EQUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY								ALL .	THE TERMS,	
ı	CLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN						
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)			
	OFAUL ACCRECATE LIMIT APPLIES DED.							PERSONAL & ADV INJURY	\$		
	POLICY PRO- LOC							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0.000	
	ANY AUTO								\$ 1,000	J,000	
	OWNED SCHEDULED			606715815		03/01/2024	03/01/2025	BODILY INJURY (Per person)			
Α	AUTOS ONLY AUTOS NON-OWNED			000713013		03/01/2024	03/01/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
\vdash									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
As fu and r	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application", has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or traveling to the final destination. Personal Injury Protection and Uninsured / Underinsured Bodily Injury included as further described in the policy.										
L											
CEF	RTIFICATE HOLDER				CANO	ELLATION					
	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL	. C ,			ACC	EXPIRATION ORDANCE WI	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.			
	1725 3RD STREET				AUTHO	RIZED REPRESE	NTATIVE				
	SAN FRANCISCO, CA 94158 US	Α				-	Melvin	e Cramer Or	<i>.</i> .		





DATE (MM/DD/YYYY) 03/01/2024

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.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights t							equire an endorsement	. A st	tatement on
PRODUCER				CONTA NAME:		,			
FARMERS INSURANCE EXCHANGE					PHONE FAX				
6303 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL			(A/C, No):		
WOODLAND HILLS, CA 91367				ADDRESS:					I
ATTN: STRATEGIC ACCOUNTS							DING COVERAGE		NAIC#
					RA: FARMER	SINSURANCE	EXCHANGE		21652
INSURED DANIED CALLO DANIE	2			INSURE	RB:				
RASIER LLC, RASIER-CA LLC, RASIER									
DC LLC, RASIER-PA LLC,				INSURE	RD:				
1725 3RD STREET				INSURE	RE:				
SAN FRANCISCO, CA 94158 USA				INSURE	RF:				
COVERAGES CER	TIFIC	CATE	NUMBER: DE-UBER-RAS	IER-PD			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECETIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEN AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES	OR OTHER IS DESCRIBED	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	S	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
OTHER:								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO								\$	
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
UMBRELLA LIAB OCCUP							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE								\$	
CLAIIVIS-IVIADL							AGGREGATE		
DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y / N									
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A BUS AUTO DAMAGE			606715815PD		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2,500	
							COLL DEDUCTIBLE	\$2,500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) us further described in the policy, limit is the lesser of Actual Cash Value and Cost of Repair. A covered auto is a passenger "auto" while being used by a "TNC Driver" logged into the UberPartner application", provided the "TNC Driver" has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or traveling to the final destination. Coverage only applies if at the time of loss, the covered auto driven by the TNC Driver was insured for collision coverage under a personal auto policy that includes the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto.									
CERTIFICATE HOLDER CA					ELLATION				
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
1725 3RD STREET	_			AUTHO	RIZED REPRE SE				
SAN FRANCISCO CA 94158 USA					Maluia Caamaa Oa				



DATE (MM/DD/YYYY) 03/01/2024

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.

If SUBROGATION IS WAIVED, subject to the terms and conditions of the this certificate does not confer rights to the certificate holder in lieu of su											require an endorsement	. A st	atement on
PRODUCER						CONTACT NAME:							
PR	PROGRESSIVE COMMERCIAL						PHONE FAX						
	PO BOX 94739						E-MAIL						
CLE	CLEVELAND, OH 44101						ADDRESS: INSURER(S) AFFORDING COVERAGE						
									. ,			NAIC #	
INICI	NSURED									ve Express ins	urance Company		10193
	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC;					INSURE							
Hin	Hinter-NM, LLC						20, 1 (20)	INSURE	RC:				
		Street						INSURE	RD:				
Sar	Frai	ncisco, CA 94158						INSURE	RE:				
								INSURE	RF:				
		AGES					E NUMBER:				REVISION NUMBER:		
IN C	DIC/ ERTI	ATED. NOTWIT FICATE MAY BI	HST.	ANDING ANY RE SUED OR MAY	QUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HAVENT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF II	NSUR	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY					,	,	EACH OCCURRENCE	\$	
		CLAIMS-MAD	of [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		02,									MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	CEN	I N'L AGGREGATE LII	MIT A	DDI IES DED:							GENERAL AGGREGATE	\$	
	GEI	POLICY PR		LOC									
		·	CI								PRODUCTS - COMP/OP AGG	\$	
	AIII	OTHER: OMOBILE LIABILIT	·v								COMBINED SINGLE LIMIT	\$	
	ΑΟ.	ANY AUTO	•								(Ea accident) BODILY INJURY (Per person)		_
_		OWNED		SCHEDULED					00/04/0004		, , ,	\$ 50,00	
Α		AUTOS ONLY HIRED	Х	AUTOS NON-OWNED			01241890	03/01/20	03/01/2024	03/01/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 100,0	
		AUTOS ONLY	^	AUTOS ONLY							(Per accident)	\$ 25,00	0
												\$	
		UMBRELLA LIAB	-	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE		N \$							DED OTH	\$	
		RKERS COMPENSA' EMPLOYERS' LIAB		Y / N							PER OTH- STATUTE ER		
		PROPRIETOR/PART		EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LUDE	D:							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPEF	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIO	NS/L	LOCATIONS / VEHIC	LES (A	ACORD	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
As fu	rther (described in the polic	cy, an	insured auto is an au	to bein	ng opera	rated by a TNC driver, but only when	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availab	le to receive
							ication. Basic Personal Injury Protec						
CERTIFICATE HOLDER						CANC	ELLATION						
CL	XIII	ICATE HOLD	LIX					CANC	LLLATION				
172	5 3rc	chnologies, Inc. I Street ncisco, CA 94158						THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
								AUTHORIZED REPRESENTATIVE Batricall Convers					

AGENCY CUSTOMER ID:	
I OC #:	



Page 1 of 1

AGENCY		NAMED INSURED					
PROGRESSIVE COMMERCIAL	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC						
POLICY NUMBER	1725 3rd Street San Francisco, CA 94158						
01241890							
CARRIER	NAIC CODE						
Progressive Express Insurance Company	EFFECTIVE DATE: 03/01/2024						

ADDITIONAL REMARKS	S
--------------------	---

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

Basic Personal Injury Protection

FORM NUMBER: 25	_ FORM TITLE: Certifica	ate of Liability Insurance		
Additional Coveraç	ges			
Insurance cover	rage(s)	Limits	Deductible	

Benefits

\$5,000 each person for Death

\$10,000 each person, except Death

Benefits



DATE (MM/DD/YYYY) 03/01/2024

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.

If SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer rights to the certificate holder in lieu of									the policy, certain policies may require an endorsement. A statement on such endorsement(s).					
PRODUCER						CONTACT NAME:								
PRO	PROGRESSIVE COMMERCIAL							PHONE FAX						
		94739						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
CLE	CLEVELAND, OH 44101						ADDRESS: INSURER(S) AFFORDING COVERAGE					NAIC#		
							INOUE		. ,	urance Company		10193		
INSII	NSURED								ve Express iris	urance Company		10195		
	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC;					INSURE								
	Hinter-NM, LLC						INSURE							
		l Street ncisco, CA 94158						INSURE						
Oan	ı ıuı	10,300, 07 (34 100						INSURE						
								INSURE	RF:					
		AGES	T114				NUMBER:	/E DEE!	U IOOUED TO		REVISION NUMBER:	IE DOI	IOV DEDICE	
IN CE E)	DICA ERTI	ATED. NOTWIT FICATE MAY BI	HST E IS	ANDING ANY RE SUED OR MAY	QUIF PERT POLI	REME! AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY 1	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS	
INSR LTR		TYPE OF I	NSUF	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
		COMMERCIAL GE	NER	AL LIABILITY							EACH OCCURRENCE	\$		
		CLAIMS-MAD	DE [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
		<u> </u>	_								MED EXP (Any one person)	\$		
											PERSONAL & ADV INJURY	\$		
	GEN	N'L AGGREGATE LII	MIT A	PPLIES PER:							GENERAL AGGREGATE	\$		
			RO-	LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:										\$		
	AUT	OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000	
		ANY AUTO									BODILY INJURY (Per person)	\$		
Α		OWNED AUTOS ONLY		SCHEDULED AUTOS			01241894	03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$			
		HIRED AUTOS ONLY	Χ	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
												\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
		DED RETE	ENTIC	ON \$								\$		
		RKERS COMPENSA	TION								PER OTH- STATUTE ER			
	ANYI	EMPLOYERS' LIAE PROPRIETOR/PART	NER/	EXECUTIVE TIN							E.L. EACH ACCIDENT	\$		
		ICER/MEMBER EXCL	LUDE	D?	N/A						E.L. DISEASE - EA EMPLOYEE			
	If ves	s, describe under CRIPTION OF OPER	DATIO	ONS bolow							E.L. DISEASE - POLICY LIMIT	\$		
	DLO	ONI HONOI OI LI	IVAII	SING BCIOW							E.E. DIOE/IOE T GEIGT EIMIT	Ψ		
DESC	RIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (A	ACORD	D 101, Additional Remarks Schedu	le. mav b	e attached if mor	e space is requir	ed)			
							ated by a TNC driver, but only when				·	recorded	accentance in the	
							location or traveling from the pick-up							
		ICATE LIGITS						04110						
CE	KIIF	ICATE HOLD	⊏K					CANC	ELLATION					
172	5 3rd	chnologies, Inc. I Street ncisco, CA 94158						THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.			
								AUTHOR	RIZED REPRESEI		Strivath Corw	5		

AGENCY CUSTOMER ID:	
1.00 #.	



Page 1 of 1

AGENCY	NAMED INSURED				
PROGRESSIVE COMMERCIAL	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC				
POLICY NUMBER 01241894	1725 3rd Street San Francisco, CA 94158				
CARRIER	NAIC CODE				
Progressive Express Insurance Company	10193	EFFECTIVE DATE : 03/01/2024			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ____25 ___ FORM TITLE: Certificate of Liability Insurance

Additional Coverages

 Insurance coverage(s)	Limits	Deductible
Comprehensive Collision	Actual Cash Value Actual Cash Value	\$2,500 \$2,500
Medical Payments	Included as further described in the policy	

To report a claim, please visit: http://t.uber.com/claims



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2024

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.

If	SUBROGATION IS WAIVED, subject is certificate does not confer rights	to t	he tei	ms and conditions of th	e polic	cy, certain p	olicies may ı				
	DUCER	io tile	, 0011	moute notaer in nea or se	CONTA NAME:	CT	7-				
	MERS INSURANCE EXCHANGE				PHONE FAX						
6303	OWENSMOUTH AVE, 4TH FLOOR				(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
woo	DDLAND HILLS, CA 91367										NAIC#
ATTI	N: STRATEGIC ACCOUNTS									21652	
INSU	RED				INSURE						
	RASIER LLC, RASIER-CA LLC,				INSURE						
	RASIER-DC LLC, RASIER-PA LLC,		INSURER D :								
	1725 3RD STREET				INSURER E :						
	SAN FRANCISCO, CA 94158				INSURE						
CO	COVERAGES CERTIFICATE NUMBER: SA-UBER-GA-)11-2			REVISION NUI	MBER:		
IN CE E)	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	OCUMENT WIT	H RESPEC	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT DAMAGE TO RENT		\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occ	urrence)	\$	
								MED EXP (Any one		\$	
								PERSONAL & ADV		\$	
	POLICY PRO- JECT LOC							GENERAL AGGREG		\$	
								PRODUCTS - COM	P/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$	
	ANY AUTO							BODILY INJURY (P	I	\$ 50,00	00
Α	OWNED SCHEDULED AUTOS			606715804		03/01/2024	03/01/2025	BODILY INJURY (P	er accident)	\$ 100,0	000
, ,	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG	GE .	\$ 50,00	00
	AUTOS CINET							(i ci accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC							•			
l .	rther described in the policy, covered autos a able to receive requests for transportation se						Driver" is logg	ed into the "UberP	artner appli	cation"	and
	·			,							
CFF	CERTIFICATE HOLDER CANCELLATION										
<u> </u>	THE TOLDER				OAN						
	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL	c			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	1725 3RD STREET	O ,			AUTHO	RIZED REPRESE				_	
	SAN FRANCISCO, CA 94158	Melvin Cramer Or									





DATE (MM/DD/YYYY) 03/01/2024

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.

If SUBROGATION IS WAIVED, subject to the this certificate does not confer rights to the ce				require an endorsement	. A sta	atement on		
PRODUCER	or timouto mondor in mod or or	CONTACT NAME:						
FARMERS INSURANCE EXCHANGE		PHONE FAX						
6303 OWENSMOUTH AVE, 4TH FLOOR		(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
WOODLAND HILLS, CA 91367								
ATTN: STRATEGIC ACCOUNTS		INSURER A : FARME		RDING COVERAGE		NAIC # 21652		
INSURED			INO INCONANCE	LACHANOL		21002		
RASIER LLC, RASIER-CA LLC,		INSURER B :						
RASIER-DC LLC, RASIER-PA LLC,		INSURER C :						
1725 3RD STREET		INSURER D :						
SAN FRANCISCO, CA 94158		INSURER E :						
<u>'</u>	TE NUMBER CAURER CA	INSURER F :		DEVIOLON NUMBER				
COVERAGES CERTIFICATION THIS IS TO CERTIFY THAT THE POLICIES OF INS	TE NUMBER: SA-UBER-GA-(REVISION NUMBER:	IE DOI	ICV DEDIOD		
INDICATED. NOTWITHSTANDING ANY REQUIREN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORDI SS. LIMITS SHOWN MAY HAVE	OF ANY CONTRAC ED BY THE POLICI	T OR OTHER I ES DESCRIBEI / PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS		
INSR LTR TYPE OF INSURANCE ADDL SUE INSD WW	VD POLICY NUMBER	(MM/DD/YYYY) (MM/DD/YYYY)	LIMIT	S			
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$			
CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
				MED EXP (Any one person)	\$			
				PERSONAL & ADV INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$			
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$			
OTHER:					\$			
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000		
ANY AUTO				BODILY INJURY (Per person)	\$			
A OWNED SCHEDULED AUTOS ONLY AUTOS	606715805	03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$			
HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$			
					\$			
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$			
DED RETENTION \$					\$			
WORKERS COMPENSATION				PER OTH- STATUTE ER	·			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$			
					•			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACO	PRD 101, Additional Remarks Schedu	le, may be attached if mo	ore space is require	ed)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application", has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or traveling to the final destination. Uninsured / Underinsured included as urther described in the policy.								
CERTIFICATE HOLDER		CANCELLATION	1					
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1725 3RD STREET		AUTHORIZED REPRES	ENTATIVE					
SAN FRANCISCO, CA 94158		Melvin Cramer Or						





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER FARMERS INSURANCE EXCHANGE 6303 OWENSMOUTH AVE, 4TH FLOOR This certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE (A/C. No. Ext): (A/C. No. Ext): (A/C. No. Ext): (A/C. No. Ext):	
FARMERS INSURANCE EXCHANGE PHONE (A/C, No, Ext): (A/C, No): 6303 OWENSMOUTH AVE 4TH FLOOR F-MAII	
6303 OWENSMOUTH AVE 4TH FLOOR	
WOODLAND HILLS, CA 91367	
ATTN: STRATEGIC ACCOUNTS INSURER A: FARMERS INSURANCE EXCHANGE 2	NAIC # 21652
INCLIDED	1002
RASIER LLC RASIER-CALLC	
RASIER-DC LLC RASIER-PA LLC	
INSURER D:	
SAN FRANCISCO, CA 94158	
INSURER F:	
COVERAGES CERTIFICATE NUMBER: SA-UBER-GA-013-2 REVISION NUMBER:	2)/ 5=5/65
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP	VHICH THIS
LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS	
COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED	
CLAIMS-MADE OCCUR PREMISES (Ea occurrence) \$	
MED EXP (Any one person) \$	
PERSONAL & ADV INJURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$	
POLICY PRODUCTS - COMP/OP AGG \$	
OTHER: \$	
AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) \$	
ANY AUTO BODILY INJURY (Per person) \$	
OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) \$	
HIRED NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$	
\$	
UMBRELLA LIAB OCCUR EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE SAGGREGATE \$	
DED RETENTION\$	
WORKERS COMPENSATION PER OTH-	
ANYPROPRIETOR/PARTHER/EXECUTIVE	
OFFICER/MEMBEREXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS DELOW	
A BUS AUTO DAMAGE 03/01/2024 03/01/2025 COMP DEDUCTIBLE \$2,500	
COLL DEDUCTIBLE \$2,500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
As further described in the policy, limit is the lesser of Actual Cash Value and Cost of Repair. A covered auto is a passenger "auto" while being used by a "TNC Driver" log "UberPartner application", provided the "TNC Driver" has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location to the final destination. Coverage only applies if at the time of loss, the covered auto driven by the TNC Driver was insured for collision coverage under a personal auto poincludes the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto.	or traveling
CERTIFICATE HOLDER CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELI ACCORDANCE WITH THE POLICY PROVISIONS. PASIER DO LLO PASIER PALLO	
RASIER-DC LLC, RASIER-PA LLC, 1725 3RD STREET AUTHORIZED REPRESENTATIVE	

© 1988-2016 ACORD CORPORATION. All rights reserved.

Melvin Cramer

SAN FRANCISCO, CA 94158





DATE (MM/DD/YYYY) 03/01/2024

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to					•	•	require an endorsement	. A st	atement on
	DUCER				CONTA NAME:		,			
FAR	RMERS INSURANCE EXCHANGE				PHONE			FAX		
6303	3 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	o, Ext):		(A/C, No):		
WO	ODLAND HILLS, CA 91367				ADDRE		LIPER(S) AFFOR	IDING COVERAGE		NAIC#
ATT	N: STRATEGIC ACCOUNTS				INSURF	RA: FARMER				28487
INSL	JRED				INSURE					
	RASIER LLC, RASIER-CA LLC,				INSURE					
	RASIER-DC LLC, RASIER-PA LLC,				INSURE					
	1725 3RD STREET				INSURE					
	SAN FRANCISCO, CA 94158 USA				INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER: HI-UBER-RASI	•			REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY FACLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$ 50,00	
Α	OWNED SCHEDULED AUTOS ONLY	X		606715876		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	000
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 25,00	00
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DEC	CRIPTION OF OREDATIONS / LOCATIONS / VEHICL	EC /A	COBD	404 Additional Bamarka Sahadu	la may h	a attached if mar		24)		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL urther described in the policy, covered autos a								cation"	and available
	eceive requests for transportation services, but							• • • • • • • • • • • • • • • • • • • •		ara avallable
CF	RTIFICATE HOLDER				CANO	ELLATION				
	KTII IOATE HOEBEK				CAN	PLLLATION				
	RASIER LLC, RASIER-CA LLC,				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	RASIER-DC LLC, RASIER-PA LLC	,			AUTHO	RIZED REPRESE	NTATIVE			
	1725 3RD STREET					-	M-1 .	Cramer Or		
	SAN FRANCISCO, CA 94158 USA	١.			I	/	ruevin	(ramer Lr		





DATE (MM/DD/YYYY) 03/01/2024

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.

	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights t	to ti	he te	rms and conditions of th	e poli	cy, certain po	olicies may i				
	DUCE					CONTA		,-				
		S INSURANCE EXCHANGE				NAME: PHONE				FAX		
6303	OW	ENSMOUTH AVE, 4TH FLOOR				(A/C, No E-MAIL ADDRE	o, Ext):			(A/C, No):		
woo	DLA	ND HILLS, CA 91367				ADDRE						
ΔΤΤΙ	u· st	RATEGIC ACCOUNTS							DING COVERAGE			NAIC # 28487
INSU		101120107100001110					RA: FARMER	3 INSURANCE	OF HAWAII			20407
INSU		RASIER LLC, RASIER-CA LLC,				INSURE	R B :					
		RASIER-DC LLC, RASIER-PA LLC,				INSURE	RC:					
		1725 3RD STREET				INSURE	RD:					
		SAN FRANCISCO, CA 94158 USA				INSURE	RE:					
		<u> </u>				INSURE						
					NUMBER: HI-UBER-RASI				REVISION NUN		.=	
IN CI E)	DIC/ ERTI	S TO CERTIFY THAT THE POLICIES NTED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I ISIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUI	H RESPECT TO	OT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE	ED	\$	
		CLAIMS-MADE OCCUR							PREMISES (Ea occu	ırrence)	\$	
									MED EXP (Any one	person)	\$	
									PERSONAL & ADV I	NJURY	\$	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
		OTHER:							COMPINED SINCLE	LIMIT	\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$ 1,00	0,000
		ANY AUTO					00/04/0004	00/04/0005	BODILY INJURY (Pe	. ,	\$	
Α		OWNED AUTOS ONLY			606715877		03/01/2024	03/01/2025	BODILY INJURY (Pe		\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE .	\$	
											\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTION \$									\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	NT	\$	
	(Man	CER/MEMBEREXCLUDED?							E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
As fu	rther recor	ION OF OPERATIONS / LOCATIONS / VEHICI described in the policy, covered autos a ded acceptance of a request for transporscribed in the policy.	re "aı	ıtos" v	while being used by a "TNC Dri	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPa			, 00
CE	2T1E	ICATE HOLDER				CANO	ELLATION					
OLI	VIII	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC	Ο,			SHC THE ACC	OULD ANY OF TEXPIRATIONS CORDANCE WI	I DATE THE	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
		1725 3RD STREET	-			AUTHO	RIZED REPRE SE		_	_		
		SAN FRANCISCO, CA 94158 USA	Δ.					Malu	in Coam	00)	





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights:							require an endorsement	t. Ast	atement on
	DUCER				CONTA NAME:		,			
FARI	MERS INSURANCE EXCHANGE				PHONE (A/C, No	Ext).		FAX (A/C, No):		
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE			, (200, 110).		
woo	DLAND HILLS, CA 91367						SURER(S) AFFOR	DING COVERAGE		NAIC#
ATTI	I: STRATEGIC ACCOUNTS				INSURE		S INSURANCE			28487
INSU					INSURE	RB:				
	RASIER LLC, RASIER-CA LLC,				INSURE	RC:				
	RASIER-DC LLC, RASIER-PA LLC,				INSURE	RD:				
	1725 3RD STREET SAN FRANCISCO, CA 94158 USA				INSURE	RE:				
				AND DESCRIPTION DAO	INSURE	RF:				
_	/ERAGES CEF IIS IS TO CERTIFY THAT THE POLICIES			NUMBER: HI-UBER-RASI		N ICCLIED TO		REVISION NUMBER:	HE DOL	ICV DEBIOD
IN CE	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							7.001.1207.112	\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	BUS AUTO DAMAGE			606715877PD		03/01/2024	03/01/2025		\$2,500	
									\$2,500	
As fu "Ube the fi	reprion of operations / Locations / Vehice reprinted in the policy, limit is the lessed and the application, provided the "TNC Driving destination. Coverage only applies if at the NC Driver as an insured or the auto driven be	er of A ver" ha	ctual (is logg e of los	Cash Value and Cost of Repair led and recorded acceptance of ss, the covered auto driven by	. A cove of a requ	red auto is a pa est for transpor	assenger "auto" tation services,	while being used by a "TNC and is en route to the pick-up	location	n or traveling to
CE	RTIFICATE HOLDER				CANO	ELLATION				
CLI	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL 1725 3RD STREET	C,			SHO THE ACC	EXPIRATION ORDANCE WI	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I	BE DE	
	SAN FRANCISCO, CA 94158 US	A					Melvin	r Cramer 🔾	2	

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights to							require an endorsement	. A st	atement on
	DUCE					CONTA NAME:		,			
FAR	MER	S INSURANCE EXCHANGE				PHONE (A/C, No			FAX		
6303	OW	ENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	0, EXT):		(A/C, No):		
woo	DLA	AND HILLS, CA 91367				ADDRE			DUI 001/50405		
ATTI	N. ST	RATEGIC ACCOUNTS					RA: FARMER		RDING COVERAGE		NAIC # 21652
INSU								3 INSURANCE	LACHANGE		21002
INSU		RASIER LLC, RASIER-CA LLC,				INSURE					
		RASIER-DC LLC, RASIER-PA LLC,				INSURE	RC:				
		1725 3RD STREET				INSURE	RD:				
						INSURE	RE:				
		SAN FRANCISCO, CA 94158 USA				INSURE					
					NUMBER: IA-UBER-RASI				REVISION NUMBER:		
IN CI	DICA ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
		COMMERCIAL GENERAL LIABILITY					-,	-,	EACH OCCURRENCE	\$	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:							711000010 00111701 7100	\$	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$ 50,00	00
Α		OWNED SCHEDULED	Х		606715831		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	000
^		AUTOS ONLY HIRED AUTOS NON-OWNED							PROPERTY DAMAGE	\$ 25,00	
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB OCCUP							EAGU GOOUDDENOE		
		- OCCUR							EACH OCCURRENCE	\$	
		CLAIIVIG-IVIADL							AGGREGATE	\$	
	WOF	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND	EMPLOYERS' LIABILITY Y / N									
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	
	If ves	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉS	ĆRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
As fu	ırtheı	TION OF OPERATIONS / LOCATIONS / VEHICL r described in the policy, covered autos a e requests for transportation services, but	re "au	ıtos" v	hile being used by a "TNC Dri	ver", pro			•	ication"	and available
CEI	STIE	FICATE HOLDER				CANC	ELLATION				
<u> </u>	*****	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC 1725 3RD STREET				SHO THE ACC	EXPIRATION ORDANCE WI	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA	BE DE	
		SAN FRANCISCO, CA 94158 USA	١					Melvin	e Cramer ()r	,	





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights t	to ti	he te	rms and conditions of th	e polic	cy, certain po	olicies may i				
	DUCE					CONTA		,-				
		S INSURANCE EXCHANGE				NAME: PHONE				FAX		
6303	OW	ENSMOUTH AVE, 4TH FLOOR				(A/C, No E-MAIL ADDRE	o, Ext):			(A/C, No):		
woo	DLA	ND HILLS, CA 91367				ADDRE						
ATT	N ST	RATEGIC ACCOUNTS							RDING COVERAGE			NAIC # 21652
INSU		10(126)6766661116					RA: FARMER	5 INSURANCE	EXCHANGE			21032
INSU		RASIER LLC, RASIER-CA LLC,				INSURE	R B :					
		RASIER-DC LLC, RASIER-PA LLC,				INSURE	RC:					
		1725 3RD STREET				INSURE	R D :					
		SAN FRANCISCO, CA 94158 USA				INSURE	RE:					
		<u> </u>				INSURE						
					NUMBER: IA-UBER-RASII				REVISION NUM		.=	
IN CE E)	DIC/ ERTI	S TO CERTIFY THAT THE POLICIES XTED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME FAIN, CIES. ISUBR	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUI	H RESPECT TO	OT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE	ED	\$	
		CLAIMS-MADE OCCUR							PREMISES (Ea occu	ırrence)	\$	
									MED EXP (Any one	person)	\$	
									PERSONAL & ADV I	NJURY	\$	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
		OTHER:		-					COMPINED SINCLE	LIMIT	\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$ 1,00	0,000
		ANY AUTO					00/04/0004	00/04/0005	BODILY INJURY (Pe	. ,	\$	
Α		OWNED AUTOS ONLY	Х		606715832		03/01/2024	03/01/2025	BODILY INJURY (Pe		\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE .	\$	
											\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTION \$									\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	(Man	CER/MEMBEREXCLUDED?	117.2						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
As fu	ırther ed an	ION OF OPERATIONS / LOCATIONS / VEHICI described in the policy, covered autos a d recorded acceptance of a request for t as further described in the this policy.	re "aı	utos" v	while being used by a "TNC Dri	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPa			
CEI	RTIF	ICATE HOLDER				CANO	CELLATION					
		RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC	О,			ACC	EXPIRATION CORDANCE WI	N DATE THE	ESCRIBED POLICEREOF, NOTICE Y PROVISIONS.			
		1725 3RD STREET				AUTHO	RIZED REPRE SE		_	_		
		SAN FRANCISCO. CA 94158 USA	Δ					Malin	in Coam	$\alpha \wedge \alpha$	4	

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

FROUNDER FRANKER INSURANCE EXCHANGE 6933 ONESHMOUTH AVE 4TH FLOOR MODOLAND HILL, CA 19197 ATTN: STRATEGIC ACCOUNTS MISURER 1, MISUR	If SUBROGATION IS WAIVED, subject to the terms and condition this certificate does not confer rights to the certificate holder in				require an endorsement	. A st	atement on
FARMERS INSURANCE EXCLANAGE WOODLAND HILLS, CA 9187 WOODLAND HILLS, CA 9187 MINURED ACCOUNTS MINUR	-	CONTA		<i>)</i> ·			
SOURCEAND LITT AFTER THE LOCAL CREATER ALL CRASSER CALL C							
MODULAND HILLS, CA 91877 MISURER A: FRAMER'S INSURANCE EXCHANGE ASSERTACL CRASIER PALIC FRASIER LIC, RASIER PALIC TO STREET SAMP FRANCISCO, CA 94158 USA COVERAGES COVERAGES CERTIFICATE NUMBER: "NUMBER: "	6303 OWENSMOUTH AVE, 4TH FLOOR	É-MAIL			(A/C, No):		
ATIN STRATEGIC ACCOUNTS NAUMER 1: MUSURE 9:	WOODLAND HILLS, CA 91367	ADDRE					
NSURER D: RASIER COLIC RASIER CALLO RASIER CALLO RASIER COLIC RASIER CALLO RATIO COLIC RASIER CALLO RASIER CALLO RASIER COLIC RASIER CALLO RATIO RAT	ATTN: STRATEGIC ACCOUNTS						
RASIER LC, RASIER CALLO RASIER				3 INSURANCE	EXCHANGE		21032
RASIERACE LIC. RASIER PALLC 1725 SRD STREET 1725 SRD ST		INSUR	ERB:				
AND STREET SAM FRANCISCO, CA 94158 USA REVISION NUMBER: INSURER E: INSURER F: INSURER		INSUR	ERC:				
SAN FRANCISCO, CA 94158 USA COVERAGES CERTIFICATE NUMBER: IA-UBBER: IA-UBB	· · · · · · · · · · · · · · · · · · ·	INSUR	ER D :				
COVERAGES CERTIFICATE NUMBER: IA-LIBER-RASIER-PD REVISION NUMBER: THIS ST O CERTIFY THAT THE POLICY DESCRIPTION FOR THE POLICY PERIOD THIS ST O CERTIFY THAT THE POLICY PERIOD CERTIFICATE MAY BE ISSUED FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED FOR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. PERIOD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLARD. COMMERCIAL GENERAL LIBBILITY COMMERCIAL GENERAL LIBBILITY AND AUTO COMMERCIAL GENERAL LIBBILITY AND AUTO OWNED CONTINUE AND AUTO OWNED AUTOS ONLY A		INSUR	ERE:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NONWITHISTANDING ANY RECURRENT, TERM OR ONDITION OF ANY CONTRACT OR OTHER DOCARD WITH THE REPORT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE AND CONTRACT OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTRACT OR SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. COMMERCIAL GENERAL LABILITY COMMERCIAL GENERAL LABILITY OF THE POLICY PERIOD OF THE POLICY PROVIDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTRACT OR THE POLICY PROVIDED BY THE PROVIDED BY THE POLICY PROVIDED BY THE POLICY PROVIDED BY THE	· · · · · · · · · · · · · · · · · · ·		RF:				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS REPRESENTATIVE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY TYPE OF INSURANCE MAYOUT MAY			N IOOUED TO			IE DOI	IOV DEDICE
COMMERCIAL GENERAL LIABILITY CLAMS-MADE CCANCELLATION CLAMS-MADE CLAMS-MAD	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN M	ONDITION OF AN AFFORDED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
CEVIL AGGREGATE LIMIT APPLIES PER POLICY PROPULES PER POLICY PROPULS PER POLICY		NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
CLAIMS-MADE OCCUR OCCUR PREMISES (Ea occurrence) S	COMMERCIAL GENERAL LIABILITY					\$	
BENL AGGREGATE LIMIT APPLIES PER: POLICY SECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO AUTOS ONLY AUT	CLAIMS-MADE OCCUR					\$	
GENLAGGREGATE LIMIT APPLIES PER POLICY SPOT LOC DITTER AUTOMORIE LIABILITY ANY AUTO COMPONED SOCIEDAD SECURITY					MED EXP (Any one person)	\$	
PRODUCTS - COMPIOP AGG S OTHER: AUTOMBRE LIABILITY ANY AUTO ONNED AUTOS ONLY					PERSONAL & ADV INJURY	\$	
POUTON: SCHOOL S	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	
AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY BODILLY INJURY (Per person) S BODILY INJURY (Per person) S BOULD AUTOS INJURY S BOLIC AUTOS INJURY S BOLIC AUTOS INJURY BEDEVILLE AUTOS INJURY BEDEVILLE AUTOS INJURY S BOLIC AUTOS INJURY BEDEVILLE AUTOS INJURY S BOLIC AUTOS INJURY BEDEVILLE AUTO	POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$	
ANY AUTO ANY AUTO ANY AUTO ONNED AUTOS ONLY							
BODILY INJURY (Per person) \$ BODILY INJURY (P					COMBINED SINGLE LIMIT (Ea accident)	\$	
AUTOS ONLY BEACH	ANY AUTO					\$	
HIRED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$	
UMBRILLALIAB OCCUR S	HIRED NON-OWNED					\$	
EXCESS LIAB CLAIMS-MADE DED	AUTOS ONLT AUTOS ONLT				(i ci accident)	\$	
EXCESS LIAB CLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION MAD EMPLOYER'S LABILITY ANY PROPORTION PROPERTIONS PROJECT UNDER LICENSISTED AND AND EMPLOYER'S LABILITY OF PICENMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A BUS AUTO DAMAGE BUS AUTO DAMAGE 606715832PD 03/01/2024 03/01/2025 COMP DEDUCTIBLE \$2,500 COLL DEDUCTIBLE \$2,500 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, limit is the lesser of Actual Cash Value and Cost of Repair. A covered auto is a passenger "auto" while being used by a "TNC Driver" logged into the "UberPartner application", provided the "TNC Driver" has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or traveling to the final destination. Coverage only applies if at the time of loss, the covered auto driven by the TNC Driver was insured for collision coverage under a personal auto policy that includes the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	UMBRELLA LIAB OCCUR				EACH OCCURRENCE	s	
DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PRATNER/PEXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) TO SUPPLY OF THE ABOVE DESCRIBED OF OPERATION OF TWO Driver is a spasenger "auto" while being used by a "TNC Driver" logged into the "UberParther application", provided the "TNC Driver has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or traveling to the final destination. Coverage only applies if at the time of loss, the covered auto driven by the TNC Driver was insured for collision coverage under a personal auto policy that includes the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLIC	FYOTOGUAR						
WORKERS COMPENSATION AND EMPLOYERS LIBBILITY ANYPROPRIET CORPARTNER/REXCUTIVE OFFICER/MEMBERES/CUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A BUS AUTO DAMAGE					TOORESTIE		
ANY PROPRIETOR/PARTNER/EXECUTIVE OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ANY PROPRIETOR PARTNER/EXECUTIVE OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. BL. EACH ACCIDENT \$ E.L. DISEASE - BAMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ E.L. DISEASE - BAMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ E.L. DISEASE - POLICY LI	WORKERS COMPENSATION				PER OTH-	Ψ	
OFFICERMEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A BUS AUTO DAMAGE 606715832PD 03/01/2024 03/01/2025 COMP DEDUCTIBLE \$2,500 COLL DEDUCTIBLE \$2,500 COLL DEDUCTIBLE \$2,500 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, limit is the lesser of Actual Cash Value and Cost of Repair. A covered auto is a passenger "auto" while being used by a "TNC Driver" logged into the "UberParther application", provided the "TNC Driver" has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or travelling to the final destination. Coverage only applies if at the time of loss, the covered auto driven by the TNC Driver was insured for collision coverage under a personal auto policy that includes the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	ANYPROPRIETOR/PARTNER/EXECUTIVE TO IN					\$	
If yes, describe under DESCRIPTION OF OPERATIONS below A BUS AUTO DAMAGE 606715832PD 03/01/2024 03/01/2025 COMP DEDUCTIBLE \$2,500 COLL DEDUCTIBLE \$2,500 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, limit is the lesser of Actual Cash Value and Cost of Repair. A covered auto is a passenger "auto" while being used by a "TNC Driver" logged into the "UberPartner application", provided the "TNC Driver" has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or traveling to the final destination. Coverage only applies if at the time of loss, the covered auto driven by the TNC Driver was insured for collision coverage under a personal auto policy that includes the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	OFFICER/MEMBEREXCLUDED? N / A						
BUS AUTO DAMAGE 606715832PD 03/01/2024 03/01/2025 COMP DEDUCTIBLE \$2,500 \$2,500 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, limit is the lesser of Actual Cash Value and Cost of Repair. A covered auto is a passenger "auto" while being used by a "TNC Driver" logged into the "UberPartner application", provided the "TNC Driver" has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or traveling to the final destination. Coverage only applies if at the time of loss, the covered auto driven by the TNC Driver was insured for collision coverage under a personal auto policy that includes the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	If yes, describe under						
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, limit is the lesser of Actual Cash Value and Cost of Repair. A covered auto is a passenger "auto" while being used by a "TNC Driver" logged into the "UberPartner application", provided the "TNC Driver" has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or traveling to the final destination. Coverage only applies if at the time of loss, the covered auto driven by the TNC Driver was insured for collision coverage under a personal auto policy that includes the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE	DESCRIPTION OF OPERATIONS DEIOW				L.L. DISLAGE - FOLICT LIMIT	Ψ	
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, limit is the lesser of Actual Cash Value and Cost of Repair. A covered auto is a passenger "auto" while being used by a "TNC Driver" logged into the "UberPartner application", provided the "TNC Driver" has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or traveling to the final destination. Coverage only applies if at the time of loss, the covered auto driven by the TNC Driver was insured for collision coverage under a personal auto policy that includes the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE	A BUS AUTO DAMAGE		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2.500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, limit is the lesser of Actual Cash Value and Cost of Repair. A covered auto is a passenger "auto" while being used by a "TNC Driver" logged into the "UberPartner application", provided the "TNC Driver" has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or traveling to the final destination. Coverage only applies if at the time of loss, the covered auto driven by the TNC Driver was insured for collision coverage under a personal auto policy that includes the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	A 300713632FD		03/01/2024	03/01/2023			
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	As further described in the policy, limit is the lesser of Actual Cash Value and Cos "UberPartner application", provided the "TNC Driver" has logged and recorded ac the final destination. Coverage only applies if at the time of loss, the covered auto	st of Repair. A cove ecceptance of a requ o driven by the TNC	ered auto is a pa lest for transport	assenger "auto" tation services,	while being used by a "TNC I and is en route to the pick-up	location	n or traveling to
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							
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	CERTIFICATE HOLDER	CAN	CELLATION				
1725 3RD STREET AUTHORIZED REPRESENTATIVE		THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL E		
		AUTHO	RIZED REPRESE	NTATIVE		_	
				Mali	in Common.)s.	

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUE	BROGATION IS WA	IVED, subject	to th	ne te	rms and conditions of the ificate holder in lieu of su	e polic	cy, certain po	olicies may ı	•		
PRO			<u>-</u>				CONTA NAME:		,-			
FAR	MER	S INSURANCE EXCHA	ANGE				PHONE (A/C, No			FAX		
6303	OW	ENSMOUTH AVE, 4TH	I FLOOR				E-MAIL ADDRE	0, EXt):		(A/C, No):		
woo	DLA	AND HILLS, CA 91367					ADDRE			NO. 100 / FD 4.05		
ATTI	N: ST	RATEGIC ACCOUNTS	3					FARMER	S INSURANCE	EDING COVERAGE		NAIC # 21652
INSU										. EXOTIVITOE		
11430		RASIER LLC, RASIER	-CA LLC.				INSURE					
		RASIER-DC LLC, RAS	-				INSURE					
		1725 3RD STREET	ierri i rezeo,				INSURE	R D :				
		SAN FRANCISCO, CA	0/158 ΠΩΔ				INSURE					
				T.E.	2475	- NUMBER IN LIRED DAIS	INSURE			DEVIOLON NUMBER		
		AGES				NUMBER: ID-UBER-RAIS RANCE LISTED BELOW HAY				REVISION NUMBER:	JE DOI	ICV DEDIOD
IN CI E)	DIC/ ERTI	ATED. NOTWITHSTA FICATE MAY BE ISS JSIONS AND CONDIT	NDING ANY RESUED OR MAY I	QUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURA		INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
		CLAIMS-MADE	OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
										MED EXP (Any one person)	\$	
										PERSONAL & ADV INJURY	\$	
	GEN	' N'L AGGREGATE LIMIT AF	PPI IES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:								111020010 0011117017100	\$	
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$ 50,00	00
Α			SCHEDULED			606715891		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	000
, ,		HIRED 🔀	AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$ 25,00	00
		AUTOS ONLY	AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION								AGGILGATE	\$	
	WOF	DED RETENTION RKERS COMPENSATION	νφ							PER OTH- STATUTE ER	φ	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/E	YECUTIVE Y/N							E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBER EXCLUDED	?	N/A								
	If ves	s. describe under	NO la al ann							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERATIO	NS below							E.L. DISEASE - POLICY LIMIT	φ	
As fu	ırtheı	described in the policy	, covered autos a	re "aı	ıtos" v	0 101, Additional Remarks Schedul while being used by a "TNC Dri corded acceptance of a reques	ver", pro			*	ication"	and available
CF	STIE	ICATE HOLDER					СДИС	ELLATION				
OLI	<u> </u>	RASIER LLC, RA	, RASIER-PA LLO	Э,			SHO THE ACC	OULD ANY OF	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
			O, CA 94158 US <i>F</i>	٨					Melvis	n Cramer J	r	

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement	. A st	atement on
	DUCE		-			CONTA NAME:		,-			
FAR	MER	RS INSURANCE EXCHANGE				PHONE	- F-4).		FAX (A/C, No):		
6303	OW	/ENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	99.		(A/C, NO).		
WO	ODLA	AND HILLS, CA 91367				ADDRE		SUBERIS) AFFOR	RDING COVERAGE		NAIC#
ATT	N: S1	TRATEGIC ACCOUNTS				INSURE	EADMED	S INSURANCE			21652
INSU	IRED					INSURE	RB:				
		RASIER LLC, RASIER-CA LLC,				INSURE					
		RASIER-DC LLC, RASIER-PA LLC,				INSURE	RD:				
		1725 3RD STREET				INSURE	RE:				
		SAN FRANCISCO, CA 94158 USA				INSURE					
_					NUMBER: ID-UBER-RAIS				REVISION NUMBER:	.= = =	
IN C E	IDIC/ ERTI XCLU	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:							COMPINED ONIOLE LIMIT	\$	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000
		ANY AUTO OWNED SCHEDULED			000745000		00/04/0004	00/04/0005	BODILY INJURY (Per person)	\$	
Α		OWNED SCHEDULED AUTOS HIRED NON-OWNED			606715892		03/01/2024	03/01/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		LIMPRELLALIAR								\$	
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE	\$	
		CLAIWS-WADE							AGGREGATE	\$	
	WOF	DED RETENTION \$							PER OTH- STATUTE ER	\$	
	AND	DEMPLOYERS' LIABILITY 'PROPRIETOR/PARTNER/EXECUTIVE Y / N								•	
	OFF	ICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If yes	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
	DES	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	Ф	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)		
l .		r described in the policy, covered autos a				-					has
00		nd recorded acceptance of a request for the included as further described in the this			on services, and is en route to t	the pick-	up location or to	raveling to the f	inal destination. Medical Payr	nents	
000	siage	s moluded as further described in the this	policy	y -							
CE	RTIF	FICATE HOLDER				CANO	CELLATION				
		RASIER LLC, RASIER-CA LLC,	0			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E LY PROVISIONS.		
		RASIER-DC LLC, RASIER-PA LL	U,			AUTHO	RIZED REPRE SE	NTATIVE			
		1725 3RD STREET							ρ . \cap		
		SAN FRANCISCO, CA 94158 US	4			I		nelven	Cramer Or.		





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

						rms and conditions of thi ificate holder in lieu of si				require an endorsement	t. A st	atement on
PRO	DUCER						CONTAC NAME:	СТ				
FAR	MERS INS	SURANCE EXCHA	NGE				PHONE (A/C, No	- Ev+\.		FAX (A/C, No):		
6303	3 OWENSI	MOUTH AVE, 4TH	FLOOR				E-MAIL ADDRES			(A/O, NO).		
woo	ODLAND H	HILLS, CA 91367					ADDRE		SUPERIS) AFFOR	DING COVERAGE		NAIC#
ATT	N: STRAT	EGIC ACCOUNTS	;				INSURE		S INSURANCE			21652
INSU	JRED						INSURE					
	RASI	IER LLC, RASIER-	CA LLC,				INSURE					
	RASI	IER-DC LLC, RASI	ER-PA LLC,				INSURE	RD:				
	1725	3RD STREET					INSURE	RE:				
	SAN	FRANCISCO, CA					INSURE	RF:				
CO	VERAGI	ES	CER	TIFIC	CATE	NUMBER: ID-UBER-RAIS	ER-PD			REVISION NUMBER:		
IN C E	IDICATED ERTIFICA XCLUSIO	D. NOTWITHSTA ATE MAY BE ISS	NDING ANY RE UED OR MAY	EQUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURA	NCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		MMERCIAL GENERAL	L LIABILITY							EACH OCCURRENCE	\$	
		CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
										MED EXP (Any one person)	\$	
										PERSONAL & ADV INJURY	\$	
	GEN'L AG	GGREGATE LIMIT AP	PLIES PER:							GENERAL AGGREGATE	\$	
	POL	ICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	
	ОТН									COMBINED SINGLE LIMIT	\$	
		BILE LIABILITY								(Ea accident)	\$	
		AUTO NED :	SCHEDULED							BODILY INJURY (Per person)	\$	
		OS ONLY	AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
			AUTOS ONLY							(Per accident)	\$	
		DELLA LIAD									\$	
		SESS LIAB	OCCUR							EACH OCCURRENCE	\$	
			CLAIMS-MADE	-						AGGREGATE	\$	
	WORKERS	RETENTION S COMPENSATION	1\$							PER OTH- STATUTE ER	\$	
	AND EMPI	LOYERS' LIABILITY	YEOUTINE Y/N								•	
	OFFICER/I	PRIETOR/PARTNER/E: MEMBEREXCLUDED		N/A						E.L. EACH ACCIDENT	\$	
	(Mandator	cribe under	10 h - 1							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
	DESCRIP	TION OF OPERATION	NS Delow							E.L. DISEASE - POLICY LIMIT	φ	
Α	BUS AUT	TO DAMAGE				606715892PD		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2,500	
, ,						0007130321 D		00/01/2021	00/01/2020		\$2,500	
As fu "Ube the f	urther desc erPartner a final destin	cribed in the policy application", providention. Coverage or	, limit is the lesse ed the "TNC Driv nly applies if at th	r of A er" ha e time	ctual C is logg e of los	101, Additional Remarks Schedu Cash Value and Cost of Repair red and recorded acceptance of ss, the covered auto driven by viriver as a covered auto.	. A cove of a requ	red auto is a pa est for transpor	assenger "auto" tation services,	while being used by a "TNC and is en route to the pick-up	locatio	n or traveling to
CE	RTIFICA	TE HOLDER					CANC	ELLATION				
JE!	itin IOA	RASIER LLC, RA RASIER-DC LLC 1725 3RD STREE	, RASIER-PA LLO	C,			SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	N DATE THE TH THE POLIC NTATIVE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E Y PROVISIONS.	BE DE	
		SAN FRANCISCO	O, CA 94158 USA	Α				-	Melvin	Cramer Or		

© 1988-2016 ACORD CORPORATION. All rights reserved.

DATE(MM/DD/YYYY) 02/12/2024

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).

CONTACT

Aon Risk Insurance Services West, I	rnc.			PHONE			Leav		
San Francisco CA Office				(A/C. No.	Ext):		FAX (A/C. No.):		
425 Market Street				E-MAIL	_				
Suite 2800				ADDRES	S:				,
San Francisco CA 94105 USA					INSI	JRER(S) AFFO	RDING COVERAGE		NAIC#
INSURED				INSURER	A: Liber	ty Surplus	Insurance Corporat	ion	10725
Rasier LLC, Rasier-CA LLC,				INSURER	B:				
Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street				INSURER	C:				
San Francisco CA 94158 USA				INSURER	D:				
				INSURER					
				INSURER					
COVERAGES CER	TIFIC	ΔTF	NUMBER: 5701039146		··	RF	EVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES					I ISSUED TO			THE PO	LICY PERIOD
INDICATED. NOTWITHSTANDING ANY RE	QUIRI	EMEN	IT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER D	DOCUMENT WITH RESP	ECT TO	WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY F								TO ALL	THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH				'E BEEN			^{(S.} Limits s	hown ar	e as requested
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIM	ITS	
COMMERCIAL GENERAL LIABILITY					(MINI DD/11117	(MINI/DD/1111)	EACH OCCURRENCE		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED		
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)		
							MED EXP (Any one person)		
							PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		
OTHER:								-	
_			107 665 067247 474		02 (01 (2024	02 (01 (2025	COMPINED ONIOLE LIMIT		
A AUTOMOBILE LIABILITY			ASE-665-067247-474		03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)		
							BODILY INJURY (Per person)		\$50,000
ANY AUTO SCHEDULED							BODILY INJURY (Per accident)		\$100,000
AUTOS ONLY AUTOS							PROPERTY DAMAGE		
HIRED AUTOS X NON-OWNED							(Per accident)		\$25,000
ONLY AUTOS ONLY							,		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE		
EXCESS LIAB CLAIMS-MADE							AGGREGATE		
DED RETENTION								-	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE OTHER	1-	
ANY PROPRIETOR / PARTNER / EXECUTIVE	l						E.L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE-EA EMPLOYEE	1	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	+	
DESCRIPTION OF OPERATIONS DRIOW	 	1		ł			L.L. DIOLAGE-FOLIGI LIMIT	+	
]	l						1	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL									ged into ervices,
As further described in the policy, the "digital network application",	COV	ered	I autos are passenger	"autos	while be	ing used b	y a "TNC Driver" wh	ile log	ged into
but has not accepted any request.	μιον	rueu	i the INC DITYEL IS	availe	מטוב נט ופ	cerve requ	ests for transport	acion S	ervices,
, , , , , , , , , , , , , , , , , , , ,									

CERTIFICATE HOLDER

ĄĆORĎ

PRODUCER

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

AUTHORIZED REPRESENTATIVE

Aon Rish Insurance Services West Inc.

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA

DATE(MM/DD/YYYY) 02/12/2024

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

Risk Insurance Services West, Inc. Francisco CA Office Market Street te 2800 Francisco CA 94105 USA RED ier LLC, Rasier-CA LLC, ier-DC LLC, Rasier-PA LLC 5 3rd Street	PHONE (A/C. No.) E-MAIL ADDRES	SS:	FAX (A/C. No.):	
te 2800 Francisco CA 94105 USA RED ier LLC, Rasier-CA LLC, ier-DC LLC, Rasier-PA LLC	ADDRES			
Francisco CA 94105 USA RED ier LLC, Rasier-CA LLC, ier-DC LLC, Rasier-PA LLC	INCLIDED	INSURER(S) AFFO		
ier LLC, Rasier-CA LLC, ier-DC LLC, Rasier-PA LLC	INCUPED	` '	RDING COVERAGE	NAIC #
ier-DC LLC, Rasier-PA LLC	INSURER	RA: Liberty Surplus	Insurance Corporation	10725
	INSURER	R B:		
J JIU JULEU	INSURER	R C:		
Francisco CA 94158 USA	INSURER	R D:		
	INSURER	RE:		
	INSURER	RF:		
VERAGES CERTIFICATE NU	MBER: 570103914707	RI	EVISION NUMBER:	
HIS IS TO CERTIFY THAT THE POLICIES OF INSURANG DICATED. NOTWITHSTANDING ANY REQUIREMENT, 7				
ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE	NSURANCE AFFORDED BY T	THE POLICIES DESCRIBE	D HEREIN IS SUBJECT TO ALL	
CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIN	TS SHOWN MAY HAVE BEEN		Lilling Showin a	re as requeste
TYPE OF INSURANCE ADDL SUBRINSD WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)		
COMMERCIAL GENERAL LIABILITY			EACH OCCURRENCE DAMAGE TO RENTED	
CLAIMS-MADE OCCUR			PREMISES (Ea occurrence)	
			MED EXP (Any one person)	
			PERSONAL & ADV INJURY	
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	
JECT LILOC			PRODUCTS - COMP/OP AGG	
OTHER: AUTOMOBILE LIABILITY ASI	-665-067247-484	03/01/2024 03/01/2025	COMBINED SINGLE LIMIT	¢1 000 00
AOTOMOBILE LIABILITY			(Ea accident)	\$1,000,00
ANY AUTO			BODILY INJURY (Per person)	
OWNED SCHEDULED AUTOS AUTOS			BODILY INJURY (Per accident)	
HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			PROPERTY DAMAGE (Per accident)	
NOTES ONE!				
UMBRELLA LIAB OCCUR			EACH OCCURRENCE	
EXCESS LIAB CLAIMS-MADE			AGGREGATE	
DED RETENTION				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			PER STATUTE OTH-	
ANY PROPRIETOR / PARTNER / EXECUTIVE			E.L. EACH ACCIDENT	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			E.L. DISEASE-EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE-POLICY LIMIT	
CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, A		<u> </u>	<u> </u>	

Aon Rish Insurance Services West, Inc.

DATE(MM/DD/YYYY) 02/12/2024

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

SURBER A: Liberty Surplus Insurance Corporation 10725 SISTER CLIC. Rasier-CA LIC. INSURER B: SINGER C: INSURER	RODUCE		Tnc			CONTAC NAME:	ст			
EAMMERS EAMMERS EAMMERS EAMMERS EAMMERS EAMMERS			THC.			PHONE (A/C. No	. Ext):		FAX (A/C. No.):	
INFORMER OF A 94105 USA INSURER A: Liberty Surplus Insurance Corporation 10725 INSURER CLC, Rasier-CA LLC, INSURER C. IN	25 Mar	rket Street				E-MAIL ADDRE	SS:			
SISTEMENT CO. RESISTEMENT LLC. INSURER B:							INS	URER(S) AFFO	RDING COVERAGE	NAIC #
INSURER C:	URED					INSURE	RA: Liber	rty Surplus	Insurance Corporation	10725
INSURER C:						INSURE	R B:			
NSURER E: MSURER E: MSURE	25 3r	rd Street				INSURE	R C:			
VERAGES CERTIFICATE NUMBER: 570103914716 REVISION NUMBER: HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER DISTRICT NOTWITHS TANDING ANY PECUPIES HERE THE NOR CONDITIONS OF ANY CONTRACT OF OTHER DUMBEN IN HIS BORD TO WHICH TO WHICH THE POLICY PER DISTRICT NOTWITHS AND ANY PER DISTRICT OR DESCRIPTION OF ANY CONTRACT OR OTHER DUMBEN IN HIS BORD TO WHICH TO WHICH THE POLICY PER DISTRICT OR OTHER DUMBEN IN HIS BORD TO WHICH THE POLICY OF WHICH THE POLICY PER DISTRICT OR OTHER DUMBEN IN HIS BORD TO WHICH THE POLICY OF WHICH THE POLICY PER DUMBEN THE POLICY PER POLICY PER DUMBEN THE POLICY PER DUMBEN THE POLICY PER POLICY PER DUMBEN THE POLICY PER DUMBEN THE POLICY PER DUMBEN THE POLICY PER POLICY PER POLICY PER POLICY PER DUMBEN THE POLICY PER DUMBE	ı Fra	ancisco CA 94158 USA				INSURE	R D:			
VERAGES CERTIFICATE NUMBER: 570 103914716 IN IS \$TO CERTIFY THAT THE POLICIES OF RISINGANCE LISTS BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY RECUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH ENTERING THE RESPECT TO WHICH ENTERING THE RESPECT THE RESPEC										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER DOLOCATE. NOT WITH THE SPECT TO WHICH THE THE POLICY PER DOLOCATE MAY BE ISSUED OR MAY PER DEMENT. TERM OR CONDITION OR ANY CONTRACT OR OTHER DOLUMENT WITH RESPECT TO WHICH THE THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THE POLICY PROPERTY OF THE POLICY							R F:			
NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH EXTERNIFICATE MAY BE ISSUED OR MAY PERTIAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBEDET TO ALL THE YOUNG THE PROJECT OR ALL THE YOUNG THE YOUNG THE PROJECT OR ALL THE YOUNG THE PROJECT OR ALL THE YOUNG THE PROJECT OR ALL THE YOUNG THE PROJECT OR ALL THE YOUNG THE YOUNG THE PROJECT OR ALL THE YOUNG TH					-		N ISSUED TO			DOLICY BEDIOD
TYPE OF INSURANCE ADDUS SUBS POLICY NUMBER POLICY FF, MADDYYYY MADDYYY	NDICA ERTI	ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY	QUIR PERT	EMEN AIN, T	T, TERM OR CONDITION THE INSURANCE AFFO	ON OF ANY	CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPECT TO AI	TO WHICH THIS LL THE TERMS,
CLAMS-MADE OCCUR	R	TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBE	R	POLICY EFF	POLICY EXP		
CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CEPIL AGGREGATE LIMIT APPLIES PER: POLICY	\Box						(.em. 23/1111)	,.mm, DD/11111)	EACH OCCURRENCE	
MED EXP (Any one person) PERSONAL A ADV INJURY GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PERSONAL AGGREGATE POLICY JECT LOC OTHER: ANY AUTO OTHER: ANY AUTO OWNED AUTOS ONLY HARD AUTOS O		CLAIMS-MADE OCCUR								
GENTAL AGGREGATE PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LABILITY ANY AUTO OWNED AUTOS ONLY HERD AUTOS ONLY AUTOS ONLY HERD AUTOS ONLY AUTOS ONLY HERD AUTOS ONLY AUTOS ONLY AUTOS NON OWNED AUTOS ONLY HERD AUTOS ONLY A										
PRODUCTS - COMP.OP AGG OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY ONLY UMBRELLA LIAB OCAMBINED SINGLE LIMIT (E.a accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) AUTOS ONLY UMBRELLA LIAB OCAUR EXCESS LIAB OLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND ELEACH ACCIDENT ANY PROPIETED REPARTONE PREVIOUS PROPIETE BUSINESS AUTO Physical Damage COVERAGE BUSINESS AUTO Physical Damage ASE-665-067247-484 O3/01/2024 03/01/2025 Comprehensive Deductible SCOPITION OF OPERATIONS below BUSINESS AUTO Physical Damage COVERAGE COVERAGE BUSINESS AUTO Physical Damage ASE-665-067247-484 O3/01/2024 03/01/2025 Comprehensive Deductible SCOPITION OF OPERATIONS (LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Further described in the policy, covered autos are passenger "autos" while being used by a "INC Driver" while logged into "information every (cap application; or "TCC Dispersons" autos" while being used by a "INC Driver" while logged into "information every (cap application; or "TCC Dispersons" autos" while being used by a "INC Driver" while logged into supplication; or "TCC Dispersons" autos" while being used by a "INC Driver" while logged into supplication; or "TCC Dispersons" autos" while being used by a "INC Driver" while logged into supplication; or "TCC Dispersons" autos" while being used by a "INC Driver" while logged into supplication; or "TCC Dispersons" autos" while being used by a "INC Driver" while logged into supplication; or "TCC Dispersons" autos" while being used by a "INC Driver" while logged into supplication; or "TCC Dispersons" autos" while being used by a "INC Driver" while logged into supplication; or "TCC Dispersons" autos" automatical propiete automatical propiete automatical propiete automatical propiete automatical propiete automatical propiete automatical pr									PERSONAL & ADV INJURY	
OTHER AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HRIED AUTOS ONLY HRIED AUTOS ONLY HRIED AUTOS ONLY HRIED AUTOS ONLY HORD ONLY O	GEI								GENERAL AGGREGATE	
AUTOMOBILE LIABILITY ANY AUTO ONLY AUTOS ONLY HIRD AUTOS ONLY AUTOS ONLY		JECT LOC							PRODUCTS - COMP/OP AGG	
ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONL	AUT									
OWNED AUTOS ONLY HARED AUTOS ONLY HARED AUTOS ONLY AUTOS ONLY HARED AUTOS		1								
AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY		COHEDIII ED								
ONLY		OWINED							` '	
EXCESS LIAB CLAIMS-MADE		ONLY NON-OWNED AUTOS ONLY							(Per accident)	
EXCESS LIAB CLAIMS-MADE									EACH COCUPPENCE	
DED RETENTION		<u> </u>							<u> </u>	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTINER / EXECUTIVE OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Business Auto Physical Damage Coverage ASE-665-067247-484 O3/01/2024 O3/01/2025 Comprehensive Deductible Scription of OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged interproperties and is en route to the pick up location or traveling from the pick-up location to the final interproperties. RTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE			4						AGGNEGATE	
EMPLOYERS LIABILITY ANY PROPRIETOR / PARTINER / EXECUTIVE OF Mandatory in NH; If yes, describe under DESCRIPTION OF OPERATIONS below ELL. DISEASE-EA EMPLOYEE ELL. DISEASE-POLICY LIMIT Business Auto Physical Damage Coverage ASE-665-067247-484 O3/01/2024 O3/01/2025 Comprehensive Deductible \$ SERIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged integrated in the policy of the "TNC Driver" has logged and recorded acceptance of a request to provide insportation services, and is en route to the pick up location or traveling from the pick-up location to the final strination. Uninsured / Underinsured included as further described in the policy. **RTIFICATE HOLDER** 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	wc								PER STATUTE OTH	
OFFICERMEMBER EXCLUDED? (Mandatory in NH) yes, describe under DESCRIPTION OF OPERATIONS below	EM	IPLOYERS' LIABILITY Y / N	1						I IER	
Stripped	OF	FICER/MEMBER EXCLUDED?	N/A							
Business Auto Physical Damage Coverage ASE-665-067247-484 03/01/2024 03/01/2025 Comprehensive Deduct Collision Deductible \$ SECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into a "digital network application", provided the "TNC Driver" has logged and recorded acceptance of a request to provide insportation services, and is en route to the pick up location or traveling from the pick-up location to the final strination. Uninsured / Underinsured included as further described in the policy. CANCELLATION	lf y	es, describe under								
Coverage Collision Deductible Scription of Operations / Locations / Location of Location o			1		ASE-665-067247-484	4	03/01/2024	03/01/2025		\$2,50
further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged in a "digital network application", provided the "TNC Driver" has logged and recorded acceptance of a request to provide insportation services, and is en route to the pick up location or traveling from the pick-up location to the final intension. Uninsured / Underinsured included as further described in the policy. CANCELLATION								, ,		\$2,500
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC	furt di nspo	her described in the policy gital network application", ortation services, and is en	, cov	vered vided te to	autos are passeng the "TNC Driver" the pick up locat	er "auto: has logge ion or t	s" while be ed and reco raveling fr	ing used b rded accep om the pic	v a "TNC Driver" while 1	logged into rovide nal
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC	RTIF	CATE HOLDER				CANCELL	ATION			
Rasier-DC LLC, Rasier-PA LLC		IOAIE HOEDEN				SHOULD EXPIRATION	ANY OF THE A			
		Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LL 1725 3rd Street	C		А			_		_

Aon Rish Insurance Services West, Inc.





DATE (MM/DD/YYYY) 03/01/2024

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							require an endorsement	. A st	atement on		
	DUCER		, 00.1		CONTA NAME:		<i>j</i> ·					
FARI	MERS INSURANCE EXCHANGE				PHONE (A/C, No			FAX				
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	o, Ext):		(A/C, No):				
woo	DDLAND HILLS, CA 91367				ADDRE		NIDED(0) AFFOR	DINO COVEDACE		NAIG #		
ATT	N: STRATEGIC ACCOUNTS						S INSURANCE	RDING COVERAGE		NAIC # 21652		
INSU							ONOUNANCE	LACHANOL		21002		
	RASIER, LLC, RASIER-CA, LLC,				INSURER B:							
	RASIER-DC, LLC, RASIER-PA, LLC,				INSURER C:							
	1725 3RD STREET				INSURE							
	SAN FRANCISCO, CA 94158 USA				INSURE							
	·	TIEI	~ A TE	NUMBER: IN-UBER-RASI	INSURER F:							
	HIS IS TO CERTIFY THAT THE POLICIES							REVISION NUMBER:	HE P∩I	ICY PERIOD		
IN CE	DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS		
	CLUSIONS AND CONDITIONS OF SUCH		CIES. I <mark>SUBR</mark>		BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP					
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$ 50,00	00		
Α	OWNED SCHEDULED AUTOS ONLY			606715826		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	000		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 25,00	00		
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
As fu	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC irther described in the policy, covered autos ceive requests for transportation services, bu	are "aı	utos" v	while being used by a "TNC Dri	ver", pro			•	ication"	and available		
	OTIFICATE HOLDES				0.637	SELLATION:						
CE	RTIFICATE HOLDER				CANCELLATION							
	RASIER, LLC, RASIER-CA, LLC, RASIER-DC, LLC, RASIER-PA, L	LC,			THE	EXPIRATION CORDANCE WI	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E EY PROVISIONS.				
	1725 3RD STREET				AUTHORIZED REPRESENTATIVE							
	SAN FRANCISCO, CA 94158 US	A			Melvin Cramer Or							





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights t	to th	ne te	rms and conditions of th	e poli	cy, certain p	olicies may	•				
PRO						CONTA NAME:		,					
FAR	MER	RS INSURANCE EXCHANGE				PHONE	= 0		FAX				
6303	OW	/ENSMOUTH AVE, 4TH FLOOR				(A/C, No E-MAIL ADDRE	o, Ext):		(A/C, No):				
woo	DLA	AND HILLS, CA 91367				ADDRE							
ΔΤΤΙ	J- S1	TRATEGIC ACCOUNTS						SURER(S) AFFOR	RDING COVERAGE		NAIC # 21652		
INSU								3 INSURANCE	LACHANGE		21002		
11430		RASIER, LLC, RASIER-CA, LLC,				INSURE							
		RASIER-DC, LLC, RASIER-PA, LLC,				INSURE	RC:						
		1725 3RD STREET				INSURER D:							
		SAN FRANCISCO, CA 94158 USA				INSURER E :							
		<u> </u>				INSURER F:							
					NUMBER: IN-UBER-RASI				REVISION NUMBER:	IE DOI	IOV DEDICE		
IN CI E)	DIC/ ERTI	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$			
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
									MED EXP (Any one person)	\$			
									PERSONAL & ADV INJURY	\$			
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
		OTHER:								\$			
	AU1	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000		
		ANY AUTO							BODILY INJURY (Per person)	\$			
Α		OWNED SCHEDULED AUTOS			606715827		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$			
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
		ACTOS SINET							(* = * = = = = * :)	\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
		DED RETENTION \$								\$			
		RKERS COMPENSATION							PER OTH-	<u> </u>			
		D EMPLOYERS' LIABILITY 'PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFF	ICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE				
	If ve	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	DES	SCRIPTION OF OPERATIONS BEIOW							L.L. DISEASE - FOLICT LIMIT	Ψ			
As fu	ırthei ed ar	r described in the policy, covered autos a nd recorded acceptance of a request for t as further described in this policy.	re "au	ıtos" v	hile being used by a "TNC Dri	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPartner appl				
CE	TIF	FICATE HOLDER				CANO	ELLATION						
OEI	<u> VIII</u>	RASIER, LLC, RASIER-CA, LLC, RASIER-DC, LLC, RASIER-PA, LL 1725 3RD STREET	ĽC,			SHC THE ACC	OULD ANY OF	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.				
		SAN FRANCISCO, CA 94158 USA	A			Melvin Cramer Or							

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to							equire an endorsement	. A st	atement on		
PRODUCER		00	mouto moraor in noa or ot	CONTA		<u>,. </u>					
FARMERS INSURANCE EXCHANGE				PHONE (A/C, No			FAX				
6303 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL			(A/C, No):				
WOODLAND HILLS, CA 91367				ADDRE							
ATTN: STRATEGIC ACCOUNTS							DING COVERAGE		NAIC # 21652		
INSURED				INSURER A.							
RASIER, LLC, RASIER-CA, LLC,				INSURER B:							
RASIER-DC, LLC, RASIER-PA, LLC,				INSURER C:							
1725 3RD STREET				INSURE							
SAN FRANCISCO, CA 94158 USA				INSURE							
<u> </u>	TIFIC	ΔTF	NUMBER: IN-UBER-RASI	INSURE FR-PD	RF:		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	OF IN QUIRE PERTA POLIC	NSUR EMEN AIN, 7	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	/E BEE OF AN` ED BY	Y CONTRACT THE POLICIES REDUCED BY I	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	D NAMED ABOVE FOR THOOCUMENT WITH RESPEC	CT TO	WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
							MED EXP (Any one person)	\$			
							PERSONAL & ADV INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
OTHER:								\$			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO							BODILY INJURY (Per person)	\$			
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
								\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION \$								\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
A BUS AUTO DAMAGE			606715827PD		03/01/2024	03/01/2025		\$2,500			
								\$2,500			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL As further described in the policy, limit is the lesse "UberPartner application", provided the "TNC Drive the final destination. Coverage only applies if at the TNC Driver as an insured or the auto driven by	r of Act er" has e time	tual C logge of los	Cash Value and Cost of Repair ed and recorded acceptance o s, the covered auto driven by t	. A cove f a requ	red auto is a pa est for transport	issenger "auto" tation services,	while being used by a "TNC and is en route to the pick-up	location	n or traveling to		
CERTIFICATE HOLDER				CANC	ELLATION						
RASIER, LLC, RASIER-CA, LLC, RASIER-DC, LLC, RASIER-PA, LL 1725 3RD STREET	₋C,			SHO THE ACC	ULD ANY OF 1 EXPIRATION	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE CAREOF, NOTICE WILL EY PROVISIONS.	BE DE			
SAN FRANCISCO, CA 94158 USA	A			Melvin Cramer Or							





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights t	to ti	he te	rms and conditions of th	e poli	cy, certain po	olicies may i				
	DUCE					CONTA		,-				
		S INSURANCE EXCHANGE				NAME: PHONE				FAX		
6303	OW	ENSMOUTH AVE, 4TH FLOOR				(A/C, No E-MAIL ADDRE	o, Ext):			(A/C, No):		
woo	DLA	ND HILLS, CA 91367				AUURE		UDED(E) AFFOR	DINC COVERAGE			NAIC#
ATTI	N: ST	RATEGIC ACCOUNTS							COMPANY INC			NAIC # 21628
INSU								0111001011102	2001/11/11/11/0			1.020
		RASIER LLC, RASIER-CA LLC,				INSURE						
		RASIER-DC LLC, RASIER-PA LLC,				INSURE						
		1725 3RD STREET				INSURER D:						
		SAN FRANCISCO, CA 94158 USA				INSURE						
		<u> </u>	TIEI	^ A T E	NUMBER: KS-UBER-RAS	INSURE			DEVISION NUI	MDED:		
_		S TO CERTIFY THAT THE POLICIES							REVISION NUM		HE POI	ICV PERIOD
IN CI E)	DIC/ ERTI	ATED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY ISSUNS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SU	H RESPECT TO	CT TO D ALL	WHICH THIS
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENG DAMAGE TO RENT		\$	
		CLAIMS-MADE OCCUR							PREMISES (Ea occi	urrence)	\$	
									MED EXP (Any one	person)	\$	
									PERSONAL & ADV	INJURY	\$	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMI	P/OP AGG	\$	
		OTHER:							COMBINED SINGLE	= LIMIT	\$	
	AUI	OMOBILE LIABILITY ANY AUTO							COMBINED SINGLE (Ea accident)		\$ 50.0	00
		OWNED SCHEDULED			606745936		03/01/2024	03/01/2025	BODILY INJURY (P		\$ 50,0	
Α		AUTOS ONLY HIRED AUTOS NON-OWNED			606715836		03/01/2024	03/01/2023	BODILY INJURY (PO		\$ 100,	
		AUTOS ONLY AUTOS ONLY							PROPERTY DAMAC (Per accident)	JL	\$ 25,0	00
											\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	WOE	DED RETENTION \$ KKERS COMPENSATION							PER	OTH-	\$	
	AND	EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER		
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	If ves	datory in NH) s, describe under							E.L. DISEASE - EA I	EMPLOYEE	\$	
	DÉS	ĆRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
As fu to re	ırther ceive	ION OF OPERATIONS / LOCATIONS / VEHICL described in the policy, covered autos a requests for transportation services, but scribed in the policy.	re "aı	utos" v	while being used by a "TNC Driv	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPa			
CF	RTIF	ICATE HOLDER				CANO	CELLATION					
<u>JLI</u>		RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC	Ο,			SHC THE ACC	OULD ANY OF TEXPIRATION	N DATE THE	ESCRIBED POLICEREOF, NOTICE Y PROVISIONS.			
		1725 3RD STREET	,			AUTHO	RIZED REPRESE					
		SAN FRANCISCO, CA 94158 USA	Δ.			Melvin Cramer Or						

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							require an endorsement	. A st	atement on		
PRO	DUCER				CONTA NAME:	СТ	•					
FAR	MERS INSURANCE EXCHANGE				PHONE (A/C, No	Evt).		FAX (A/C, No):				
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE			(A0, NO).				
WOO	DDLAND HILLS, CA 91367				ADDICE		SURFR(S) AFFOR	RDING COVERAGE		NAIC#		
ATTI	N: STRATEGIC ACCOUNTS				INSURE			COMPANY INC		21628		
INSU					INSURE	RB:						
	RASIER LLC, RASIER-CA LLC,				INSURE	RC:						
	RASIER-DC LLC, RASIER-PA LLC,				INSURE	R D :						
	1725 3RD STREET				INSURE	RE:						
	SAN FRANCISCO, CA 94158 USA				INSURER F:							
_				NUMBER: KS-UBER-RAS				REVISION NUMBER:	.= = = :			
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
	OEMINO NATE GOOGN							MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,000	0.000		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$),000		
Α	OWNED SCHEDULED			606715837		03/01/2024	03/01/2025	` ' '	\$			
^	AUTOS ONLY HIRED NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE) 101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requir	ed)				
and	orther described in the policy, covered autos a recorded acceptance of a request for transpo sured / Underinsured Bodily Injury included a	rtation	servi	ces, and is en route to the pick			00		,	00		
CEI	RTIFICATE HOLDER				CANO	ELLATION						
	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL	C			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	1725 3RD STREET	Ο,			AUTHO	RIZED REPRE SE	NTATIVE					
	SAN FRANCISCO, CA 94158 US	Ą					Molin	in Cramer ()n.			
	,						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t							require an endorsement	t. As	tatement on			
	DUCER				CONTA NAME:		•						
FAR	MERS INSURANCE EXCHANGE				PHONE (A/C, No	- Evt):		FAX (A/C, No):					
6303	3 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	0, EXU:		(A/C, NO).					
WO	ODLAND HILLS, CA 91367				ADDRE		CLIDED(S) AFFOR	DING COVERAGE		NAIC#			
ATT	N: STRATEGIC ACCOUNTS				INIQUIDE			COMPANY INC		21628			
	JRED						ONOUNANCE	COMI ANT INC		21020			
	RASIER LLC, RASIER-CA LLC,				INSURE								
	RASIER-DC LLC, RASIER-PA LLC,				INSURE								
	1725 3RD STREET				INSURER D:								
	SAN FRANCISCO, CA 94158 USA				INSURE	RE:							
	·				INSURE								
_				E NUMBER: KS-UBER-RAS				REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY SCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS			
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$				
								MED EXP (Any one person)	\$				
								PERSONAL & ADV INJURY	\$				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$				
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$				
	OTHER:								\$				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO							BODILY INJURY (Per person)	\$				
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
	AUTOS ONLT							(Fer accident)	\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION \$							7.00.112.7112	\$				
	WORKERS COMPENSATION							PER OTH-					
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	-				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DIOLAGE -1 OLIGI LIWITI	Ψ				
Α	BUS AUTO DAMAGE			606715837PD		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2,500				
^	30071070371111102			000713037FD		03/01/2024	03/01/2023	COLL DEDUCTIBLE	\$2,500				
As for the f	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI cription of OPERATIONS / LOCATIONS / VEHICI critical in the policy, limit is the lesse erPartner application", provided the "TNC Driv final destination. Coverage only applies if at th TNC Driver as an insured or the auto driven by	er of A er" ha	ctual (as logg e of los	Cash Value and Cost of Repair ged and recorded acceptance o ss, the covered auto driven by t	. A cove f a requ	ered auto is a pa	assenger "auto" tation services,	while being used by a "TNC and is en route to the pick-up	Driver"	on or traveling to			
CE	RTIFICATE HOLDER RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC	C,			SHC THE ACC	EXPIRATION CORDANCE WI	N DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.					
	1725 3RD STREET				AUTHO	RIZED REPRESE	NTATIVE	0					

© 1988-2016 ACORD CORPORATION. All rights reserved.

Melvin Cramer Jr.

SAN FRANCISCO, CA 94158 USA



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th	of the policy, certain policies may require an endorsement. A statement on of such endorsement(s).						
	DUCE			J				CONTAC NAME:						
PRO	OGRI	ESSIVE COMMER	RCIA	\L				PHONE			FAX (A/C, No):			
		94739						(A/C, No E-MAIL			(A/C, NO):			
CLE	VEL	AND, OH 44101						ADDRES	-		NDW 0 00 / 5D 4 0 5		1110 "	
											DING COVERAGE		NAIC# 11770	
INSU	DED.								RA: United Fire	nanciai Casuait	y Company		11770	
		LC: Rasier-CA L	I C· F	Rasier-DC LLC: R	asier-	PA II	LC; Rasier-MT, LLC;	INSURE						
Hint	er-N	M, LLC	0, .	140.0. 20, 220, 1		. , .,	20, 1 (40.01 1111, 220,	INSURE	RC:					
		Street						INSURE	RD:					
San	Frar	ncisco, CA 94158						INSURE	RE:					
								INSURE	RF:					
		AGES					NUMBER:				REVISION NUMBER:			
IN CI	DIC/ ERTI	ATED. NOTWITH	HST. E IS	Anding any re Sued or may	QUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO \	WHICH THIS	
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
		COMMERCIAL GE	NER	AL LIABILITY					,	,	EACH OCCURRENCE	\$		
		CLAIMS-MAD	_{DE} [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
			_								MED EXP (Any one person)	\$		
											PERSONAL & ADV INJURY	\$		
	GEN	I N'L AGGREGATE LIN	міт д	DDI IES DER:							GENERAL AGGREGATE	\$		
	GLI	POLICY PR		LOC							PRODUCTS - COMP/OP AGG	\$		
			CI								PRODUCTS - COMPIOP AGG	\$		
	AUT	OTHER: OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT	\$		
	7.0.	ANY AUTO	•								(Ea accident) BODILY INJURY (Per person)		•	
_		OWNED		SCHEDULED					00/04/0004	00/04/0005	BODILY INJURY (Per accident)	\$ 50,000		
Α		AUTOS ONLY HIRED	Х	AUTOS NON-OWNED			06258171		03/01/2024	03/01/2025	PROPERTY DAMAGE	\$ 100,00		
		AUTOS ONLY	^	AUTOS ONLY							(Per accident)	\$ 25,000	0	
												\$		
		UMBRELLA LIAB	-	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
		DED RETE		N \$							DED OTH	\$		
		RKERS COMPENSA' EMPLOYERS' LIAB		Y/N							PER OTH- STATUTE ER			
		PROPRIETOR/PART		EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Man	datory in NH)	LUDL	D:							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPEF	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	RIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (A	ACORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
As fu	rther o	described in the polic	cv. an	insured auto is an au	to bein	a opera	ated by a TNC driver, but only when	the TNC	driver is loaged o	n to the named in	sured's ride-share application and	is availab	le to receive	
							ication. Personal Injury Protection in							
CE		ICATE HOLD	EP.					CANCELLATION						
CEI	X I II	ICATE HOLDI	EK				1	CANCELLATION						
172	5 3rd	chnologies, Inc. Street ncisco, CA 94158						THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.			
								AUTHORIZED REPRESENTATIVE						
								Catriciath Corwin						

AGENCY CUSTOMER ID:	
LOC #	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED
PROGRESSIVE COMMERCIAL		Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC
POLICY NUMBER		1725 3rd Street San Francisco, CA 94158
06258171		
CARRIER	NAIC CODE	
United Financial Casualty Company	11770	EFFECTIVE DATE: 03/01/2024
ADDITIONAL DEMARKS		

United Financial Casualty Company	11770	EFFECTIVE DATE: 03/01/2024		
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACO	RD FORM.			
FORM NUMBER: 25 FORM TITLE: Certificate of Lia		ance		
Additional Coverages				
Insurance coverage(s)	Limits		Deductible	
Personal Injury Protection				
Without Workers Compensation	\$10,000	each person		



DATE (MM/DD/YYYY) 03/01/2024

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.

								of the policy, certain policies may require an endorsement. A statement of such endorsement(s).						
_	DUCE			J				CONTAC NAME:						
PRO	OGRI	ESSIVE COMME	RCIA	۸L				PHONE			FAX (A/C, No):			
		94739						(A/C, No E-MAIL			(A/C, NO):			
CLE	VEL	AND, OH 44101						ADDRES	-		NO. 100 150 105		1110 "	
											DING COVERAGE		NAIC #	
INSU	DED.								RA: United Fire	nanciai Casuait	y Company		11770	
		LC: Rasier-CA L	I C· I	Rasier-DC LLC: R	asier-	PA II	LC; Rasier-MT, LLC;	INSURE						
Hint	er-N	M, LLC	0, .	. 140.0. 20, 220, 1		. , ,	20, 1 (40.01 1111, 220,	INSURE	RC:					
		Street						INSURE	RD:					
San	Fran	ncisco, CA 94158						INSURER E :						
								INSURER F:						
		AGES					NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA									CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS	
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
		COMMERCIAL GE	NER	AL LIABILITY							EACH OCCURRENCE	\$		
		CLAIMS-MAD	DE [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
			_								MED EXP (Any one person)	\$		
											PERSONAL & ADV INJURY	\$		
	GEN	I N'L AGGREGATE LII	ΜΙΤ Δ	.PDI IES PER:							GENERAL AGGREGATE	\$		
	GLI	POLICY PR		LOC							PRODUCTS - COMP/OP AGG	\$		
			CI								PRODUCTS - COMP/OP AGG	\$		
	AUT	OTHER: OMOBILE LIABILIT	Y								COMBINED SINGLE LIMIT	\$ 1,000,	000	
	7.0	ANY AUTO									(Ea accident) BODILY INJURY (Per person)	\$,000	
_		OWNED		SCHEDULED					00/04/0004	00/04/0005	BODILY INJURY (Per accident)	\$		
Α		AUTOS ONLY HIRED	Х	AUTOS NON-OWNED			06258582		03/01/2024	03/01/2025	PROPERTY DAMAGE			
		AUTOS ONLY	_	AUTOS ONLY							(Per accident)	\$		
												\$		
		UMBRELLA LIAB	ŀ	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
		DED RETE		ON \$							DED OTH	\$		
		RKERS COMPENSA' EMPLOYERS' LIAB		Y/N							PER OTH- STATUTE ER			
		PROPRIETOR/PART		EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ndatory in NH)	LUDL	D:							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPEF	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	RIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
	hare						ated by a TNC driver, but only when location or traveling from the pick-up							
CEI	RTIF	ICATE HOLD	ER					CANCELLATION						
172	5 3rd	chnologies, Inc. I Street ncisco, CA 94158						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						

AGENCY CUSTOMER ID:	
1.00 #.	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

		NAMED INSURED					
06258582 CARRIER NAIC COL		Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC					
POLICY NUMBER 06258582		1725 3rd Street San Francisco, CA 94158					
CARRIER	NAIC CODE						
United Financial Casualty Company	11770	EFFECTIVE DATE : 03/01/2024					

ADDITIONAL I	REN	ΛAI	RK	S
--------------	-----	-----	----	---

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Comprehensive Collision	Actual Cash Value Actual Cash Value	\$2,500 \$2,500
Personal Injury Protection	\$10,000 each person	



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th				require an endorsement	. A st	atement on
	DUCE			J				CONTAC NAME:		,			
PR)GR	ESSIVE COMME	RCI4	ΔΙ				PHONE			FAX (A/C, No):		
PO BOX 94739			(A/C, NO):										
CLI	VEL	AND, OH 44101						ADDRES					
											RDING COVERAGE		NAIC#
INICI	RED								RA: United Fire	nancial Casualt	y Company		11770
		LLC; Rasier-CA, L	LC;	Rasier-DC, LLC; F	Rasier-	PA, LI	LC; Rasier-MT, LLC;	INSURE					
Hin	ter-N	IM, LLC						INSURE	RC:				
		d Street ncisco, CA 94158						INSURE	RD:				
Sai	ГГІА	11CISCO, CA 94 136	,					INSURE	RE:				
								INSURE	RF:				
		AGES					E NUMBER:				REVISION NUMBER:		
IN C	DIC/ ERTI	ATED. NOTWIT FICATE MAY BI	HST E IS	ANDING ANY RE SUED OR MAY	EQUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HAVENT, TERM OR CONDITION THE INSURANCE AFFORDING LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY					,	,	EACH OCCURRENCE	\$	
		CLAIMS-MAD	of [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		02,									MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	I N'L AGGREGATE LII	MIT A	DDI IES DED:							GENERAL AGGREGATE	\$	
	GEI	POLICY PR		LOC							PRODUCTS - COMP/OP AGG	\$	
		·	CI								PRODUCTS - COMP/OP AGG	\$	
	AUT	OTHER: OMOBILE LIABILIT	Y								COMBINED SINGLE LIMIT	\$	
	7.0	ANY AUTO									(Ea accident) BODILY INJURY (Per person)	•	
_		OWNED		SCHEDULED							BODILY INJURY (Per accident)		
Α		AUTOS ONLY HIRED	Х	AUTOS NON-OWNED			06258379		03/01/2024	03/01/2025	PROPERTY DAMAGE	\$ 100,0	
		AUTOS ONLY	_	AUTOS ONLY							(Per accident)	\$ 25.00	0
												\$	
		UMBRELLA LIAB	ŀ	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE	-						AGGREGATE	\$	
		DED RETE		ON \$							DED OTH	\$	
		RKERS COMPENSA' EMPLOYERS' LIAB		Y/N							PER OTH- STATUTE ER		
		PROPRIETOR/PART ICER/MEMBER EXCL		EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LODE	J							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPER	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (A	ACORD	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
As fu	rther o	described in the polic	cy, an	insured auto is an au	ıto beir	ng opera	rated by a TNC driver, but only when	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availab	le to receive
requ	ests, b	out has not accepted	any r	equest through the ri	de-shai	re appli	ication.						
CE	RTIF	ICATE HOLD	ER					CANC	ELLATION				
Uber Technologies, Inc. 1725 3rd Street San Francisco, CA 94158						THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.				
								AUTHO	RIZED REPRESE				
										6	tricial Corw	5	



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th tificate holder in lieu of su				require an endorsement	. A sta	atement on
PRO	DUCE	R						CONTAC NAME:	CT .				
PRO	OGRE	ESSIVE COMMERC	CIAL					PHONE (A/C, No	Ext).		FAX (A/C, No):		
		94739						E-MAIL ADDRES			1 (2 - 2) - 1 - 2		
CLE	VEL	AND, OH 44101						ADDICE		URER(S) AFFOR	DING COVERAGE		NAIC#
								INSURE	RA: United Fir	nancial Casualt	y Company		11770
INSU		I.C. Pasior CA II.C	C. D.	asion DC II C: P	ocior	DA II	LC; Rasier-MT, LLC;	INSURE	RB:				
		M, LLC	U, Ra	asier-DC, LLC, K	asiei-	ra, LL	LO, Rasier-IVIT, LLO,	INSURE	RC:				
		Street						INSURE	RD:				
San	Fran	ncisco, CA 94158						INSURE	RE:				
								INSURE	RF:				
		AGES					NUMBER:				REVISION NUMBER:		
IN CI E)	DIC/ ERTI	ATED. NOTWITHS FICATE MAY BE	STA ISSI	NDING ANY RE UED OR MAY I	QUIF PERT POLI	REMEN AIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS
INSR LTR		TYPE OF INS	SURA	NCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
		COMMERCIAL GENE	ERAL	LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
		CLAIMS-MADE		OCCUR							PREMISES (Ea occurrence)	\$	
											MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	I'L AGGREGATE LIMIT		PLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO-	Ť [LOC							PRODUCTS - COMP/OP AGG	\$	
	AUT	OTHER: OMOBILE LIABILITY									COMBINED SINGLE LIMIT	\$ 1,000.	000
		ANY AUTO									(Ea accident) BODILY INJURY (Per person)	\$,000
Α		OWNED		SCHEDULED			06261364		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
^		AUTOS ONLY HIRED	X 1	AUTOS NON-OWNED			00201304		03/01/2024	03/01/2023	PROPERTY DAMAGE	\$	
		AUTOS ONLY /	- /	AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB	T	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETENT	ITION									\$	
		KERS COMPENSATION	ON	•							PER OTH- STATUTE ER		
	ANYF	EMPLOYERS' LIABILI PROPRIETOR/PARTNE	ER/E	XECUTIVE TIME							E.L. EACH ACCIDENT	\$	
		CER/MEMBER EXCLUI Idatory in NH)	IDED?	?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERA	AOITA	NS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIONS	S/LC	CATIONS / VEHIC	LES (A	ACORD	0 101, Additional Remarks Schedu	le, may b	attached if mor	e space is requir	ed)		
							rated by a TNC driver, but only when location or traveling from the pick-up				sured's ride-share application, has	recorded	acceptance in the
CE	RTIF	ICATE HOLDER	R					CANC	ELLATION				
172	5 3rd	chnologies, Inc. Street ncisco, CA 94158						THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		-
								AUTHOR	RIZED REPRESEI		2		
										60	tricial Con	5	

AGENCY CUSTOMER ID:	
1.00 #.	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED				
AGENCY PROGRESSIVE COMMERCIAL POLICY NUMBER 06261364 CARRIER NAIC		Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC				
		1725 3rd Street San Francisco, CA 94158				
CARRIER	NAIC CODE					
ROGRESSIVE COMMERCIAL OLICY NUMBER 06261364	11770	EFFECTIVE DATE: 03/01/2024				

ADDITIONAL I	REN	ΛAI	RK	S
--------------	-----	-----	----	---

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ___25 ___ FORM TITLE: _Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Comprehensive Collision	Actual Cash Value Actual Cash Value	\$2,500 \$2,500
Medical Payments	Included as further described in policy	n the

DATE(MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE 02/12/2024 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.

SUBROGATION IS WAIVED, subject to the terms and conditions of the certificate does not confer rights to the certificate holder in lieu of such	policy, certain policies may require an endorsement. A statement	
PRODUCER Aon Risk Insurance Services West, Inc. San Francisco CA Office	CONTACT NAME: PHONE (A/C. No. Ext): (A/C. No.):	
425 Market Street Suite 2800	E-MAIL ADDRESS:	
San Francisco CA 94105 USA	INSURER(S) AFFORDING COVERAGE	NAIC#
NSURED	INSURER A: Liberty Surplus Insurance Corporation	10725
Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC	INSURER B:	
1725 3rd Street	INSURER C:	
San Francisco CA 94158 USA	INSURER D:	
	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 570103914		_
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H. INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO NOTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	WHICH THIS THE TERMS,
NSR TYPE OF INSURANCE ADDLI SUBRINSD WVD POLICY NUMBER	POLICY EFF POLICY EXP	
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE	
CLAIMS-MADE OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	
	MED EXP (Any one person)	

LTR	TYPE OF INSURANCE	INSD W	VD POLICY NUM	BER (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE]
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)		
	T –					MED EXP (Any one person)		Ì
						PERSONAL & ADV INJURY		1
(GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE		Ī
Γ	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG		1
	OTHER:							İ
-	AUTOMOBILE LIABILITY		ASE-665-067247-2	244 03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)		1
	ANY AUTO					BODILY INJURY (Per person)	\$50,000	,
H	OWNED SCHEDULED					BODILY INJURY (Per accident)	\$100,000	i
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$30,000	1
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE		1
-	EXCESS LIAB CLAIMS-MADE					AGGREGATE		t
	DED RETENTION	-						ł
	WORKERS COMPENSATION AND					PER STATUTE OTH-		ł
	EMPLOYERS' LIABILITY Y / N					I ĒŘ		ļ
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT		4
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-EA EMPLOYEE		
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT		ł≡
								I
								l
s fu ne " ut h	HPTION OF OPERATIONS / LOCATIONS / VEHICL Irther described in the policy, 'digital network application", las not accepted any request. Loolicy.	, cover	ed autos are passered the "TNC Driver	nger "autos" while be " is "available to re	ing used b	y a "TNC Driver" whi ests" for transporta	le logged into tion services, escribed in	
ER1	TIFICATE HOLDER			CANCELLATION				
						BED POLICIES BE CANCELI ILL BE DELIVERED IN ACCOR		
	Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA	C		AUTHORIZED REPRESENTATIVE		rce Services West	. Inc	

CERTIFICATE HOLDER	CANCELLATIO
--------------------	-------------

Aon Rish Insurance Services West, Inc.

4CORD®

4CORD

CERTIFICATE OF LIABILITY INSURANCE

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.

RODUCER				CONTACT NAME:						
on Risk Insurance Services West, I	nc.			PHONE						
an Francisco CA Office 25 Market Street				E-MAIL		[(A/C. NO.).				
uite 2800 An Francisco CA 94105 USA				ADDRESS:						
				INS	JRER(S) AFFO	RDING COVERAGE	NAIC #			
SURED					rty Surplus	Insurance Corporation	10725			
asier LLC, Rasier-CA LLC, asier-DC LLC, Rasier-PA LLC				INSURER B:						
25 3rd Street n Francisco CA 94158 USA				INSURER C:						
				INSURER D:						
				INSURER E: INSURER F:						
OVERAGES CERT	ΓΙΕΙC	ATE	NUMBER: 5701039147		RE	EVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY P	QUIRI PERTA	EMEN AIN, T	T, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT DED BY THE POLICIES	OR OTHER DESCRIBE	OCUMENT WITH RESPECT TO AID HEREIN IS SUBJECT TO AID	TO WHICH THIS			
EXCLUSIONS AND CONDITIONS OF SUCH			LIMITS SHOWN MAY HAV			IS. Limits shown	are as requested			
	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED				
CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)				
						MED EXP (Any one person) PERSONAL & ADV INJURY				
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE				
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG				
OTHER:										
AUTOMOBILE LIABILITY			ASE-665-067247-254	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT	\$1,000,000			
L						(Ea accident) BODILY INJURY (Per person)	, , , , , , , , ,			
ANY AUTO SCHEDULED						BODILY INJURY (Per accident)				
OWNED AUTOS ONLY HIRED AUTOS X NON-OWNED						PROPERTY DAMAGE				
ONLY AUTOS ONLY						(Per accident)				
UMBRELLA LIAB OCCUR						EACH OCCURRENCE				
EXCESS LIAB CLAIMS-MADE						AGGREGATE				
DED RETENTION										
WORKERS COMPENSATION AND						PER STATUTE OTH-				
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE						E.L. EACH ACCIDENT				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. DISEASE-EA EMPLOYEE				
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT				
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ΔC	ORD 1	01. Additional Remarks Schedu	le, may be attached if more	space is require	(b				
further described in the policy, e "digital network application", ansportation services, and is en stination. Uninsured Bodily Injur	cov prov	ered ided e to	autos are passenger the "TNC Driver" ha the pick up locatio	"autos" while be s logged and reco n or traveling fr	ing used by rded accep om the pic	y a "TNC Driver" while l tance of a request to pr k-up location to the fir	ovide ·			
ERTIFICATE HOLDER			CA	NCELLATION						
				EXPIRATION DATE THERE		BED POLICIES BE CANCELLED ILL BE DELIVERED IN ACCORDAN				
			1	POLICY PROVISIONS.						
Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC				POLICY PROVISIONS. HORIZED REPRESENTATIVI	<u> </u>					

Certificate No: 570103914763

DATE(MM/DD/YYYY) 02/12/2024

CERTIFICATE OF LIABILITY INSURANCE

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

	is to the certificate holder in lieu of such			i endorsement. A staten	ient on this				
PRODUCER		CONTACT NAME:							
Aon Risk Insurance Services \ San Francisco CA Office	West, Inc.	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105							
425 Market Street Suite 2800									
San Francisco CA 94105 USA		COVERAGE	NAIC#						
INSURED		INSURER A:	Liberty Surplus Insu	rance Corporation	10725				
Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC		INSURER B:							
1725 3rd Street		INSURER C:							
San Francisco CA 94158 USA		INSURER D:	RER D:						
		INSURER E:							
		INSURER F:							
COVERAGES	CERTIFICATE NUMBER: 5701039147	63	REVISIO	N NUMBER:	_				
INDICATED. NOTWITHSTANDING	DLICIES OF INSURANCE LISTED BELOW HA ANY REQUIREMENT, TERM OR CONDITION R MAY PERTAIN, THE INSURANCE AFFORD	OF ANY CON	TRACT OR OTHER DOCUM	MENT WITH RESPECT TO	WHICH THIS				

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
LIR	COMMERCIAL GENERAL LIABILITY	INSD	WVD		(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	EACH OCCURRENCE
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	OWNED SCHEDULED						BODILY INJURY (Per accident)
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	NOTOS SINE!						
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE
	EXCESS LIAB CLAIMS-MADE						AGGREGATE
	DED RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-
	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A					E.L. EACH ACCIDENT
	(Mandatory in NH)	IN/A					E.L. DISEASE-EA EMPLOYEE
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT
Α	Business Auto Physical Damage Coverage			ASE-665-067247-254 Auto Physical Damage	03/01/2024	03/01/2025	Comp Deductible \$2,500 Coll Deductible \$2,500
DE06	PRINTION OF OREDATIONS / LOCATIONS / VEHICL	50/4	000			<u> </u>	<u> </u>

As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" has logged and recorded acceptance of a request to provide transportation services, and is en route to the pick up location or traveling from the pick-up location to the final destination. Uninsured Bodily Injury and Personal Injury Protection included as further described in the policy.

CERTIFICATE HOLDER	CANCELL	.ATI	ОИ	
	SHOULD	ANY	OF	ТН

IE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA

AUTHORIZED REPRESENTATIVE

ACORD





DATE (MM/DD/YYYY) 03/01/2024

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights	to th	ne te	rms and conditions of th	e polic	cy, certain p	olicies may	•		
	DUCER				CONTA NAME:		,			
FARI	MERS INSURANCE EXCHANGE				PHONE (A/C, No			FAX		
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	0, EXT):		(A/C, No):		
woo	DLAND HILLS, CA 91367				ADDRE		NIDED(0) AFFOR	DINO COVEDACE		NAIG#
ATT	I: STRATEGIC ACCOUNTS						S INSURANCE	RDING COVERAGE		NAIC # 21652
INSU							ONOUNANCE	LACHANOL		21002
	RASIER LLC, RASIER-CA LLC,				INSURE					
	RASIER-DC LLC, RASIER-PA LLC,				INSURE					
	1725 3RD STREET				INSURE	R D :				
	SAN FRANCISCO, CA 94158 USA				INSURE					
	<u> </u>		2475	NUMBER: MD-UBER-RAS	INSURE			DEVIOLON NUMBER		
TH IN	/ERAGES CER IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY	OF I	INSUF REME	RANCE LISTED BELOW HAV	/E BEE	N ISSUED TO Y CONTRACT	THE INSURE	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
	CLUSIONS AND CONDITIONS OF SUCH								ALL	THE TERIVIS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
LIIX	COMMERCIAL GENERAL LIABILITY	INSD	VVVD	T GEIGT NOMBER		(IMINI/DD/11111)	(WIWI/DD/1111)	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	SEX WING IN THE							MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							FRODUCTS - COMPTOF AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$ 50,00	00
Α	OWNED SCHEDULED			606715841		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	000
^	AUTOS ONLY HIRED AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$ 25,00	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		1						AGGILGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	Ψ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT		
	If ves, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (COPP	101 Additional Pemarks Schodul	le may h	e attached if mor	e snace is require	ed)		
As fu	rther described in the policy, covered autos a able to receive requests for transportation se ded as further described in the policy.	re "au	ıtos" v	hile being used by a "TNC Dri	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPartner appli		
CEF	RTIFICATE HOLDER				CANO	ELLATION				
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,					SHO THE ACC	OULD ANY OF EXPIRATION CORDANCE WI	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	1725 3RD STREET SAN FRANCISCO, CA 94158 US	Melvin Cramer Or								





DATE (MM/DD/YYYY) 03/01/2024

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights to							require an endorsement	. A st	atement on
PROI						CONTA NAME:		,-			
FARI	MER	S INSURANCE EXCHANGE				PHONE (A/C, No	Evt).		FAX (A/C, No):		
6303	OW	ENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	99·		(AO, NO).		
woo	DDLA	AND HILLS, CA 91367				ADDILL		SURFR(S) AFFOR	DING COVERAGE		NAIC#
ATTI	N: S7	FRATEGIC ACCOUNTS				INSURE		S INSURANCE			21652
INSU	RED					INSURE					
		RASIER LLC, RASIER-CA LLC,				INSURE					
		RASIER-DC LLC, RASIER-PA LLC,				INSURE					
		1725 3RD STREET				INSURE					
		SAN FRANCISCO, CA 94158 USA				INSURE					
CO	VER	RAGES CER	TIFIC	CATE	NUMBER: MD-UBER-RAS	SIER-PE	RIOD2/3		REVISION NUMBER:		
IN CE EX	DIC/ ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
		CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		SEATING WASE COCCIV							MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:								\$	
	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000
		ANY AUTO							BODILY INJURY (Per person)	\$	
Α		OWNED SCHEDULED AUTOS			606715842		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION\$								\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mai	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
As fu	ırthe ed ar	FION OF OPERATIONS / LOCATIONS / VEHICI r described in the policy, covered autos a nd recorded acceptance of a request for t d / Underinsured Bodily Injury included as	re "au ransp	ıtos" v ortatio	hile being used by a "TNC Dri on services, and is en route to t	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPartner appli		
CE)TIE	FICATE HOLDER				CANC	ELLATION				
<u> </u>	<u> </u>	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC 1725 3RD STREET	<mark>)</mark> ,			SHO THE ACC	OULD ANY OF	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA	BE DE	
	SAN FRANCISCO, CA 94158 USA					Melvin Cramer Or					





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

l .	SUBROGATION IS WAIVED, subject is certificate does not confer rights to				-	-	-	require an endorsement	. Ast	atement on
PRO	DUCER				CONTAC NAME:	ст	,			
FAR	MERS INSURANCE EXCHANGE				PHONE FAX					
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRES), EXT):		(A/C, No):		
woo	DDLAND HILLS, CA 91367				ADDRES		SURER(S) AFFOR	RDING COVERAGE		NAIC#
ATTI	N: STRATEGIC ACCOUNTS				INSURE	RA: FARMER	S INSURANCE	EXCHANGE		21652
INSU					INSURE	RB:				
	RASIER LLC, RASIER-CA LLC,				INSURE	RC:				
	RASIER-DC LLC, RASIER-PA LLC,				INSURE	RD:				
	1725 3RD STREET				INSURE	RE:				
	SAN FRANCISCO, CA 94158 USA				INSURE					
				NUMBER: MD-UBER-RAS				REVISION NUMBER:	IE DOI	101/ PEDIOD
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	BUS AUTO DAMAGE			606715842PD		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2,500	
								COLL DEDUCTIBLE	\$2,500	
As fu "Ube the f	RIPTION OF OPERATIONS / LOCATIONS / VEHIC in the rescribed in the policy, limit is the lesse rPartner application", provided the "TNC Driv nal destination. Coverage only applies if at the NC Driver as an insured or the auto driven be	er of A ver" ha	ctual (is logg e of los	Cash Value and Cost of Repair ged and recorded acceptance ones, the covered auto driven by	. A cove of a requ	red auto is a pa est for transpor	assenger "auto" tation services,	while being used by a "TNC and is en route to the pick-up	locatio	n or traveling to
CF	RTIFICATE HOLDER				CANC	ELLATION				
<u>J.L.</u>	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL	C,			SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E EY PROVISIONS.		
	1725 3RD STREET				AUTHO	RIZED REPRESE				
SAN FRANCISCO, CA 94158 USA					Melvin Cramer Or					

© 1988-2016 ACORD CORPORATION, All rights reserved.

DATE(MM/DD/YYYY) 02/12/2024

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

an Franc	Insurance Services West,				CONTACT NAME:					
	cisco CA Office	LIIC.			PHONE (A/C. No. Ext):		FAX (A/C. No.):			
uite 280	et Street				E-MAIL ADDRESS:					
	cisco CA 94105 USA				INSURER(S) AFFORDING COVERAGE					
SURED					INSURER A: Liber	rtv Surplus	Insurance Corporat	ion 10725		
asier LL	.C, Rasier-CA LLC,				INSURER B:	c) 50. p.u.	21154. unec est pot ue	20.23		
asier-DC 725 3rd	CLLC, Rasier-PA LLC				INSURER C:					
	cisco CA 94158 USA				INSURER D:					
					INSURER E:					
					INSURER F:					
OVERAG	GES CER	TIFIC	ATE	NUMBER: 5701039147	788	RE	VISION NUMBER:	•		
INDICATE CERTIFIC EXCLUSION	O CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY I ONS AND CONDITIONS OF SUCH	QUIR PERT I POL	EMEN AIN, 7 ICIES	IT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HA	I OF ANY CONTRACT DED BY THE POLICIE: VE BEEN REDUCED B	OR OTHER D S DESCRIBE Y PAID CLAIM	OOCUMENT WITH RESPE D HEREIN IS SUBJECT 1	CT TO WHICH THIS		
SR FR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
cc	OMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED			
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)			
\square							MED EXP (Any one person)			
<u> </u>							PERSONAL & ADV INJURY GENERAL AGGREGATE			
	AGGREGATE LIMIT APPLIES PER: DLICY PRO- LOC						PRODUCTS - COMP/OP AGG			
-	THER:						PRODUCTS - COMP/OP AGG			
+ + -	MOBILE LIABILITY			ASE-665-067247-264	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)			
\vdash	NY AUTO						BODILY INJURY (Per person)	\$50,000		
	WNED SCHEDULED						BODILY INJURY (Per accident)	\$100,000		
	JTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE	\$25,000		
ON							(Per accident)	,		
1111	MBRELLA LIAB OCCUR						EACH OCCURRENCE			
	XCESS LIAB CLAIMS-MADE						AGGREGATE			
DEC		1								
	KERS COMPENSATION AND						PER STATUTE OTH-			
	OYERS' LIABILITY ROPRIETOR / PARTNER / EXECUTIVE						E.L. EACH ACCIDENT			
OFFICE	ER/MEMBER EXCLUDED? atory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE			
If yes, o	describe under RIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT			
BEGGI	THE FIGHT OF STERMINIONS BRIOW									
1										
furthe le "digi lt has n	N OF OPERATIONS / LOCATIONS / VEHICLE er described in the policy tal network application", not accepted any request. I d in the policy.	, CON prov Jnins	ered ided sured	autos are passenger the "TNC Driver" is / Underinsured Bodi	ne, may be attack in mole : "autos" while be : "available to re ly Injury and Per	ing used by ceive requi sonal Inju	y a "TNC Driver" whi ests" for transporta ry Protection includ	le logged into tion services, ed as further		
ERTIFIC.	ATE HOLDER			CA	NCELLATION					
				1	EXPIRATION DATE THERE		BED POLICIES BE CANCEL ILL BE DELIVERED IN ACCO			
					POLICY PROVISIONS.					

Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA Aon Rish Insurance Services West, Inc.

4CORD

ACORD

DATE(MM/DD/YYYY) 02/12/2024

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 comer rights to th	<u> </u>	iiicai	e noider in hed or such		. ,				
PRODUCER				CONTACT NAME:	Т				
Aon Risk Insurance Services West, San Francisco CA Office	ınc.			PHONE (A/C. No.	Ext):		FAX (A/C. No.):		
425 Market Street Suite 2800				E-MAIL ADDRES			(A. O. No.).		
San Francisco CA 94105 USA					INS	URER(S) AFFO	RDING COVERAGE	NAIC#	
INSURED				INSURER	a: Liber	ty Surplus	Insurance Corporation	10725	
Rasier LLC, Rasier-CA LLC,				INSURER	B:				
Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street				INSURER	C:				
San Francisco CA 94158 USA				INSURER	D:				
				INSURER	E:				
				INSURER	F:				
			NUMBER: 5701039148				VISION NUMBER:		_
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIRI PERTA I POLI	EMEN AIN, T ICIES.	IT, TERM OR CONDITION THE INSURANCE AFFORD . LIMITS SHOWN MAY HAV	OF ANY ED BY T	CONTRACT HE POLICIES REDUCED B	OR OTHER I S DESCRIBE Y PAID CLAIN	OOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	TO WHICH THIS	S,
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		
							MED EXP (Any one person)		
							PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		
OTHER:									
A AUTOMOBILE LIABILITY			ASE-665-067247-274		03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,0	00
ANY AUTO							BODILY INJURY (Per person)		
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)		
AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		
	<u> </u>								
UMBRELLA LIAB OCCUR							EACH OCCURRENCE		_
EXCESS LIAB CLAIMS-MADE							AGGREGATE		_
DED RETENTION	<u> </u>								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE OTH-		
ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A						E.L. EACH ACCIDENT		7
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)]						E.L. DISEASE-EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT		
									5
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A)	ORD 1	I I01. Additional Remarks Schedule	e. mav he s	ittached if more	snace is require	q)		
As further described in the policy	, CO\	ered	autos are passenger	autos"	" while be	ing used b	y a "TNC Driver" while	logged into	
As further described in the policy the "digital network application", transportation services, and is en	prov	ided	the "TNC Driver" has	s logge	d and reco	rded accep	tance of a request to p	provide	-
destination. Uninsured / Underinsu	red E	e to sodil	y Injury and Medical	Paymen	ts include	d as furth	er described in the pol	licy.	<u>ا</u>
			-	-			•		[2
									l=

CERTIFICATE HOLDER CANCELLATION

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA

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

Aon Rish Insurance Services West, Inc.

ACORD

DATE(MM/DD/YYYY) 02/12/2024

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

certificate does not confer rights to the RODUCER				CONTAC NAME:	(- /					
on Risk Insurance Services West,	Inc.			PHONE (A/C. No	(0.00)	283-7122	FAX (A/C. No.): (800) 363	3-0105		
an Francisco CA Office 25 Market Street				E-MAIL	. Ext):		(A/C. No.):			
nite 2800 In Francisco CA 94105 USA				ADDRE						
							RDING COVERAGE	NAIC #		
SURED				INSURE		rty Surplus	Insurance Corporation	10725		
lsier LLC, Rasier-CA LLC, lsier-DC LLC, Rasier-PA LLC				INSURE						
1725 3rd Street San Francisco CA 94158 USA					INSURER D:					
				INSURE	R F:					
			NUMBER: 570103914				EVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIE: INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	QUIR PERT H POL	EMEN AIN, T ICIES	IT, TERM OR CONDITIOI THE INSURANCE AFFOR LIMITS SHOWN MAY HA	N OF ANY	' CONTRACT THE POLICIE: I REDUCED B	OR OTHER I S DESCRIBE Y PAID CLAIN	DOCUMENT WITH RESPECT TO A HEREIN IS SUBJECT TO A Limits shown	TO WHICH THIS		
R TYPE OF INSURANCE	ADDI INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE			
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)			
		1					MED EXP (Any one person)			
	-						PERSONAL & ADV INJURY			
GEN'L AGGREGATE LIMIT APPLIES PER:	- [GENERAL AGGREGATE			
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)			
ANY AUTO							BODILY INJURY (Per person)			
OWNED SCHEDULED							BODILY INJURY (Per accident)			
AUTOS ONLY AUTOS							PROPERTY DAMAGE			
HIRED AUTOS NON-OWNED AUTOS ONLY							(Per accident)			
		ļ								
UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
EXCESS LIAB CLAIMS-MADE							AGGREGATE			
DED RETENTION										
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE OTH-			
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT			
(Mandatory in NH)	J¦''`^						E.L. DISEASE-EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT			
A Business Auto Physical Damage Coverage			ASE-665-067247-274 Auto Physical Damag	ge	03/01/2024	03/01/2025	Comp Deductible Coll Deductible	\$2,500 \$2,500		
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC s further described in the policy he "digital network application", hansportation services, and is er history as the services and is er history as the services are as the servi	, cov	vered vided te to	autos are passenge the "TNC Driver" h the pick up locati	r "autos as logge on or ti	s" while be ed and reco raveling fr	ing used b rded accep	y a "TNC Driver" while tance of a request to p k-up location to the file	naı		
			,, and recured			45 (4) (1)	2. Described in the por			
ERTIFICATE HOLDER			CA	ANCELL	ATION					
					N DATE THERE		IBED POLICIES BE CANCELLED ILL BE DELIVERED IN ACCORDAN			
Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LI 1725 3rd Street	.C		AU		REPRESENTATIVI			_		
San Francisco CA 94158 USA				. 0	lan Rish	l. Insuran	nce Services West. I	T me		

Aon Rish Insurance Services West, Inc.



DATE (MM/DD/YYYY) 03/01/2024

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							require an endorsement	. A st	atement on
-	DUCER	O tile		tilleate flolder ill fled of 30	CONTAC NAME:		,.			
'	DGRESSIVE COMMERCIAL				PHONE			FAX (A/C, No):		
	BOX 94739				(A/C, No E-MAIL	, Ext):		(A/C, No):		
CLE	EVELAND, OH 44101				ADDRES					
					INGLIBE			RDING COVERAGE surance Company		NAIC# 10187
INSL	RED						ve Michigan in	surance Company		10107
Ras	ier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; F	Rasier-	-PA, LI	LC; Rasier-MT, LLC;	INSURE					
	<mark>er-NM, LLC</mark> 5 3rd Street				INSURE					
	Francisco, CA 94158				INSURE					
					INSURE					
СО	VERAGES CEF	RTIFI	CATE	E NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES									
	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY									
	KCLUSIONS AND CONDITIONS OF SUCH								J ALL I	THE TEINIO,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY					,	·····	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS ONLY			01232402		03/01/2024	03/01/2025	,	\$	
	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)		
	rther described in the policy, an insured auto is an a									
	share application of a request, and is either traveling er described in the policy.	to trie j	pick-up	o location or traveling from the pick-u	piocation	to the linal destina	ation location. Pe	rsonal injury Protection and Prope	ny Protec	tion included as
CE	RTIFICATE HOLDER				CANC	ELLATION				
l					SHO	III D ANV OF T	FUE ABOVE D	ECODIDED DOLLOIS DE C	ANCELI	ED BEEODE
	r Technologies, Inc. 5 3rd Street							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E		
	Francisco, CA 94158				ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.		
					A11=	13ED DEDDES	NT A TIV/E			
					AUTHO	RIZED REPRESEI		2		
							03	E. a. alint		

AGENCY CUSTOMER ID:	
1.00 #.	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED		
PROGRESSIVE COMMERCIAL	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC			
POLICY NUMBER 01232402	1725 3rd Street San Francisco, CA 94158			
CARRIER	NAIC CODE			
Progressive Michigan Insurance Company	10187	EFFECTIVE DATE: 03/01/2024		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

 Insurance coverage(s)	Limits	Deductible
 Comprehensive	Actual Cash Value	\$2,500
Standard Collision	Actual Cash Value	\$2,500
Personal Protection Insurance (PIP)		
Medical Expense	\$250,000 per person/per accid	lent
Work Loss And Replacement Services	Selected	
Property Protection Insurance (PPI)	\$1,000,000 each accident	



DATE (MM/DD/YYYY) 02/14/2024

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to				•	•	,	require an endorsement	. A st	atement on	
	DUCER				CONTAC NAME:		,-				
PRO	OGRESSIVE COMMERCIAL				PHONE			FAX (A/C, No):			
PO BOX 94739						É-MÀIL					
CLE	VELAND, OH 44101				ADDRES		UDED(O) AFFOR	DDING COVERAGE		NAIO#	
		INSLIDE			RDING COVERAGE surance Company		NAIC # 10187				
INSU	INSURED Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC;					RB:	ro mongan m	ourumos company			
						RC:					
	<mark>er-NM, LLC</mark> 5 3rd Street				INSURER D :						
San	Francisco, CA 94158				INSURE	RE:					
					INSURE	RF:					
CO	/ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	GEAINIO-NIADE GOOGIA							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 50,00	n	
Α	OWNED SCHEDULED			01232445		03/01/2023	03/01/2024	BODILY INJURY (Per accident)	\$ 100,0		
, ,	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X AUTOS ONLY			01202440		00/01/2020	00/01/2024	PROPERTY DAMAGE (Per accident)	\$ 25.00		
	AUTOS ONLY AUTOS ONLY							(r er accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)			
	ther described in the policy, an insured auto is an austs, but has not accepted any request through the ri								is availab	ole to receive	
CF	RTIFICATE HOLDER				CANO	ELLATION					
Ube 172	r Technologies, Inc. 5 3rd Street Francisco, CA 94158				SHO THE ACC	ULD ANY OF 1 EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E EY PROVISIONS.			
							03	Ed. alat			

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED
PROGRESSIVE COMMERCIAL		Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC
POLICY NUMBER		1725 3rd Street San Francisco, CA 94158
01232445		
A.D		
CARRIER	NAIC CODE	
Progressive Michigan Insurance Company	10187	EFFECTIVE DATE: 03/01/2023
		•

ADDITIONAL REMARKS

THIS ADDITIONAL	REMARKS	FORM IS A SC	HEDULE TO ACORD FORM,
FORM NUMBER:	25	FORM TITLE:	Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Personal Protection Insurance (PIP) Medical Expense Work Loss And Replacement Services	\$250,000 per person/per accident Selected	
Property Protection Insurance (PPI)	\$1,000,000 each accident	

	_	
AC		RD

DATE(MM/DD/YYYY) 02/12/2024

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

се	rtificate does not confer rights to the	e certific	ate holder in lieu of such						
	DUCER			CONTAC NAME:	Т				
	Risk Insurance Services West, : Francisco CA Office	Inc.		PHONE					
425	Market Street te 2800								
San	Francisco CA 94105 USA				NAIC#				
INSUF	RED			INSURER	ıa: Libei	rty Surplus	Insurance Corporation	10725	
	er LLC, Rasier-CA LLC,			INSURER	B:				
	er-DC LLC, Rasier-PA LLC 3 3rd Street			INSURER	C:				
San	Francisco CA 94158 USA			INSURER	D:				
				INSURER	E:				
				INSURER	F:				
COV	ERAGES CER	TIFICATI	E NUMBER: 5701039148	324		RI	VISION NUMBER:		
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN, I POLICIE	ENT, TERM OR CONDITION THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAN	OF ANY	CONTRACT HE POLICIES REDUCED B	OR OTHER I S DESCRIBE Y PAID CLAIN	OOCUMENT WITH RESPECT 1 HEREIN IS SUBJECT TO AI	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSD WV	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED		
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)		
							MED EXP (Any one person)		
							PERSONAL & ADV INJURY		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG		
	OTHER:		665 067247 404		02 (01 (2024	02 (04 (2025			
Α	AUTOMOBILE LIABILITY		ASE-665-067247-494		03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)		
	ANYAUTO						BODILY INJURY (Per person)	\$50,000	
	OWNED SCHEDULED						BODILY INJURY (Per accident)	\$100,000	
	AUTOS ONLY HIRED AUTOS X NON-OWNED						PROPERTY DAMAGE	\$30,000	
	ONLY AUTOS ONLY						(Per accident)	,	
	UMBRELLA LIAB OCCUR	 					EACH OCCURRENCE		
	<u> </u>						AGGREGATE		
	DED RETENTION	4					//ddited/11E		
	DED RETENTION WORKERS COMPENSATION AND	+-+					PER STATUTE OTH-		
	EMPLOYERS' LIABILITY Y / N	ı					I IER		
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	1					E.L. DISEASE-EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below	+-					E.L. DISEASE-POLICY LIMIT		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	101 Additional Remarks Schodul	le may be s	ittached if more	enace is require	4)		
	Further described in the policy "digital network application", has not accepted any request. I							ogged into	
out	has not accepted any request. I	Uninsure	d / Underinsured Bodi	ly Inju	ry and Per	sonal Inju	ry Protection included a	s further	

described in the policy.

CERTIFICATE HOLDER CA

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA

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

Aon Rish Insurance Services West, Inc.

ĄĆ	ÓF	
	_	

DATE(MM/DD/YYYY) 02/12/2024

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 rig	hts to the	certi	ificat	e holder in lieu of such							
PRODUCER	Name =				CONTAC NAME:	Т					
Aon Risk Insurance Services West, Inc. San Francisco CA Office					PHONE						
425 Market Street					E-MAIL			, ,			
Suite 2800 San Francisco CA 94105 USA					ADDRES						
5a ae . 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
NSURED					INSURER A: Liberty Surplus Insurance Corporation 1072					.0725	
Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LL	c				INSURE	RB:					
1725 3rd Street	C				INSUREF	R C:					
San Francisco CA 94158 USA					INSURE	R D:					
					INSURE	RE:					
					INSURE	RF:					
COVERAGES	CERT	IFIC	ATE	NUMBER: 5701039148	357		RE	EVISION NUMBE	R:		
THIS IS TO CERTIFY THAT THE INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED EXCLUSIONS AND CONDITIONS	S ANY REQ OR MAY PE OF SUCH F	UIRE ERTA POLI	EMEN NN, T CIES.	T, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAV	OF ANY ED BY 1	CONTRACT THE POLICIES REDUCED B	OR OTHER DESCRIBE	DOCUMENT WITH I D HEREIN IS SUBJ	RESPEC JECT TO	OT TO W	HICH THIS
NSR LTR TYPE OF INSURANCE		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	ı	
COMMERCIAL GENERAL LIABI								EACH OCCURRENCE			
CLAIMS-MADE OC	CUR							PREMISES (Ea occurre	nce)		
								MED EXP (Any one per			
								PERSONAL & ADV INJ			
GEN'L AGGREGATE LIMIT APPLIES I								GENERAL AGGREGAT			
POLICY JECT	_OC							PRODUCTS - COMP/O	PAGG		
OTHER:							/ /				
A AUTOMOBILE LIABILITY				ASE-665-067247-504		03/01/2024	03/01/2025	COMBINED SINGLE LIF (Ea accident)	MIT		\$1,500,000
ANY AUTO								BODILY INJURY (Per p	erson)		
OWNED SCHEDU	ILED							BODILY INJURY (Per ad	ccident)		
AUTOS ONLY HIRED AUTOS ONLY AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS								PROPERTY DAMAGE (Per accident)			
UMBRELLA LIAB OC	CUR							EACH OCCURRENCE			
								AGGREGATE			
	IMS-MADE										
WORKERS COMPENSATION AND								PER STATUTE	OTH-		
EMPLOYERS' LIABILITY	Y / N								ĔŔ		
ANY PROPRIETOR / PARTNER / EXECU OFFICER/MEMBER EXCLUDED?	'''VE	N / A						E.L. EACH ACCIDENT	OVEE		
(Mandatory in NH) If yes, describe under								E.L. DISEASE-EA EMPL			
DÉSCRIPTION OF OPERATIONS be	UW							L.L. DIOLAGE-FOLIOT I			
DESCRIPTION OF OPERATIONS / LOCATIONS / LOCATIONS / LOCATIONS FURTHER AS further described in the the "digital network application services, and the services, and the services Uninsured / Uninsured / Uninsured / Uninsured CERTIFICATE HOLDER	NS/VEHICLE policy, ation", p d is en r derinsure	S (AC COVO POUTOV POUTO POUTO POUTO	ered ided e to odil	01, Additional Remarks Schedul autos are passenger the "TNC Driver" ha the pick up location y Injury and Persona	e, may be a "autos s logge n or tr l Injur	attached if more " while be d and reco aveling fr y Protecti	space is required ing used by rded accept om the pict on include	d) y a "TNC Driver tance of a requ k-up location t d as further de	" while est to o the scribed	e logg provid final d in t	ed into de ne policy.
CERTIFICATE HOLDER				CAN	NCELLA	TION					
				S	HOULD A	NY OF THE A N DATE THERE	ABOVE DESCRI	ibed policies be (ill be delivered in	CANCELLE	ED BEFO	RE THE
Rasier LLC, Rasier-C Rasier-DC LLC, Rasie 1725 3rd Street	r-PA LLC			AUTH		EPRESENTATIVE	_	nce Services		Œ	
San Francisco CA 941	.30 USA				. 🕠	an Mish	Insusan	ace Termines	Mart.	Tana	

Aon Rish Insurance Services West, Inc.

	_		•
AC	\mathbf{CO}	R	Ď
	_		

DATE(MM/DD/YYYY) 02/12/2024

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.

ROD	rtificate does not confer rights to th				CONTAC NAME:	(-)				
	Risk Insurance Services West,	Inc.			PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105					
an 25	Francisco CA Office Market Street									
Suite 2800 San Francisco CA 94105 USA					ADDRE	SS:			T	
an	FIGURESCO CA 94103 03A					INS	URER(S) AFFO	RDING COVERAGE	NAIC#	
ISUR	ED				INSURE	RA: Liber	rty Surplus	s Insurance Corporation	10725	
	er LLC, Rasier-CA LLC,				INSURE	R B:				
725	<mark>er-DC LLC, Rasier-PA LLC</mark> 3rd Street				INSURER C:					
an	Francisco CA 94158 USA			INSURE	R D:					
				INSURE	R E:					
					INSURE	R F:				
-				NUMBER: 570103915				EVISION NUMBER:		
IND CE	S IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIRI PERTA I POLI	EMEN AIN, T ICIES	IT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HA	OF ANY	CONTRACT THE POLICIES REDUCED B	OR OTHER I S DESCRIBE Y PAID CLAIN	DOCUMENT WITH RESPECT TO TO HEREIN IS SUBJECT TO ALI MS. Limits shown a	WHICH THIS	
SR R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
T	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		
Ī	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		
ſ		1						MED EXP (Any one person)		
Ī								PERSONAL & ADV INJURY		
Į	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		
-	POLICY JECT LOC OTHER:							PRODUCTS - COMP/OP AGG		
Ī	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
ļ	_							(Ea accident) BODILY INJURY (Per person)		
ļ	ANY AUTO SCHEDULED							BODILY INJURY (Per accident)		
_	AUTOS ONLY AUTOS							PROPERTY DAMAGE		
L	HIRED AUTOS NON-OWNED AUTOS ONLY							(Per accident)		
Ĺ	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		
L	EXCESS LIAB CLAIMS-MADE							AGGREGATE		
4	DED RETENTION									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE OTH-		
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		
	(Mandatory in NH) If yes, describe under	4						E.L. DISEASE-EA EMPLOYEE		
4	DÉSCRIPTION OF OPERATIONS below Business Auto Physical Damage			ASE-665-067247-504		03/01/2024	03/01/2025	E.L. DISEASE-POLICY LIMIT Collision Deductible	\$2,50	
	Coverage			7.52 003 007217 301		03, 02, 202 .	03, 02, 2023	Comprehensive Deduct	\$2,50	
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC									
f _	urther described in the policy "digital network application", sportation services, and is en	, COV	ered	autos are passenger	"autos	s" while be	ing used b	y a "TNC Driver" while lo	ogged into	
an	sportation services, and is en	rout	e to	the pick up location	n or ti	aveling fr	om the pic	k-up location to the fina	il	
t	ination. Uninsured / Underinsu	red B	soa1 I	y injury and Persona	ıı ınjui	y Protecti	on include	a as turther described in	i the policy	
_	TIFICATE LIQUEDED			04	NOFIL	ATION				
:K	TIFICATE HOLDER			CA	NCELL	ATION				
						N DATE THERE		BED POLICIES BE CANCELLED B FILL BE DELIVERED IN ACCORDANCE		
	Rasier LLC, Rasier-CA LLC,			AUT	HORIZED F	EPRESENTATIVE	E			
	Rasier-DC LLC, Rasier-PA LL 1725 3rd Street	C				_	_		_	
	1725 3rd Street San Francisco CA 94158 USA				. 0	lan Risk	I. Insuras	nce Services West, In	- .a	





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUI	BROGATION IS WAIVED, subject ertificate does not confer rights t	to th	ne te	rms and conditions of th	e poli	cy, certain p	olicies may	•			
PRO						CONTA NAME:		,				
FAR	MER	S INSURANCE EXCHANGE				PHONE (A/C, No	. Evt).		FAX (A/C, No):			
6303	OW	ENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	SS.		(A0, NO).			
woo	DDLA	AND HILLS, CA 91367				ADDICE		SUPERIS) AFFOR	RDING COVERAGE		NAIC#	
ATTI	N: S7	TRATEGIC ACCOUNTS				INCLIDE		S INSURANCE			21652	
INSU	RED											
		RASIER LLC, RASIER-CA LLC,				INSURE						
		RASIER-DC LLC, RASIER-PA LLC,				INSURE						
		1725 3RD STREET				INSURE						
		SAN FRANCISCO, CA 94158 USA				INSURE						
<u></u>		<u> </u>	TIEI	^ A T E	NUMBER: MO-UBER-RAS	INSURE			REVISION NUMBER:			
TI IN CI EX	HIS I DIC ERTI KCLU	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	OF I	INSUF REME AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEE OF AN' ED BY	N ISSUED TO Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPECT O HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$		
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:									\$		
	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	Т \$		
		ANY AUTO							BODILY INJURY (Per person)	\$ 50,00	00	
Α		OWNED SCHEDULED AUTOS ONLY			606715846		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	000	
		HIRED ▼ NON-OWNED							PROPERTY DAMAGE (Per accident)	\$ 25,00	00	
		AUTOS ONLY AUTOS ONLY							(r er accident)	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$							7.00.112	\$		
		RKERS COMPENSATION							PER OTH-	Ψ		
		D EMPLOYERS' LIABILITY 'PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFF	ICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
	If ve	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	DES	SCRIPTION OF OPERATIONS BEIOW							L.L. DISEASE - FOLICT LIMIT	Ψ		
As fu	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) s further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available receive requests for transportation services, but has not recorded acceptance of a request. Uninsured / Underinsured Bodily Injury included as further described in the policy.											
CE	OTIF	FICATE HOLDER				CANO	CELLATION					
OLI	<u> </u>	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC 1725 3RD STREET	С,			SHC THE ACC	OULD ANY OF	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.			
		SAN FRANCISCO, CA 94158 USA	A			Melvin Cramer Or						

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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.

						rms and conditions of thi ificate holder in lieu of si				require an endorsement	. A st	atement on
	DUCE		<u> </u>				CONTA NAME:		,			
FAR	MER	S INSURANCE EXC	HANGE				PHONE	- F-4\.		FAX (A/C, No):		
6303	3 OW	ENSMOUTH AVE, 4	TH FLOOR				E-MAIL ADDRE	99.		(A/C, NO).		
WO	ODLA	AND HILLS, CA 9136	7				ADDRE		SUPERIS) AFFOR	RDING COVERAGE		NAIC#
ATT	N: ST	TRATEGIC ACCOUN	TS				INSURE		S INSURANCE			21652
INSL	IRED						INSURER B:					
		RASIER LLC, RASIE					INSURE	RC:				
		RASIER-DC LLC, RA	ASIER-PA LLC,				INSURE	R D :				
		1725 3RD STREET					INSURE	RE:				
		SAN FRANCISCO, C					INSURE					
_		RAGES				NUMBER: MO-UBER-RAS				REVISION NUMBER:	IE BOI	IOV DEDICE
IN C E	IDICA ERTI XCLU	ATED. NOTWITHS	TANDING ANY RE SSUED OR MAY	EQUIF PERT POLI	REME AIN, CIES.	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF INSU	RANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GENER	RAL LIABILITY							EACH OCCURRENCE	\$	
		CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
										MED EXP (Any one person)	\$	
										PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	
	ALIT	OTHER: FOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	2.000
	AUI	ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$ 1,000	0,000
Α		OWNED	SCHEDULED			606715847		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
^		AUTOS ONLY HIRED	AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONLY	AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTI	ON \$								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILIT	·v							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER	R/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERAT	IONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	TION OF OPERATIONS /	LOCATIONS / VEHIC	IFS (4	CORD	101, Additional Remarks Schedu	le. mav h	e attached if mor	e space is require	ed)		
As fo	urther recor	r described in the poli	cy, covered autos a request for transpor	ıre "aı	ıtos" v	while being used by a "TNC Drices, and is en route to the pick	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPartner appli	,	00
CE	RTIF	ICATE HOLDER					CANO	CELLATION				
	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
		1725 3RD STR					AUTHO	RIZED REPRESE				
			CO, CA 94158 USA	4			Malvin Cramer Or					

To report a claim, please visit: http://t.uber.com/claims



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	NAIC # 21652 R THE POLICY PERIOD PECT TO WHICH THIS TO ALL THE TERMS, IMITS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
FARMERS INSURANCE EXCHANGE 3030 GWENSMOUTH AVE, 4TH FLOOR WOODLAND HILLS, CA 91367 ATTN: STRATEGIC ACCOUNTS INSURER 3: INSURER 1: FARMERS INSURANCE EXCHANGE INSURER 6: INSURER 8: INSURER 8: INSURER 9: INSU	NAIC # 21652 R THE POLICY PERIOD PECT TO WHICH THIS TO ALL THE TERMS, IMITS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
## BADESS MODESN	NAIC # 21652 R THE POLICY PERIOD PECT TO WHICH THIS TO ALL THE TERMS, IMITS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
WOODLAND HILLS, CA 91367 ATTN: STRATEGIC ACCOUNTS INSURER B. INSURER B. INSURER B. INSURER B. INSURER B. INSURER B. INSURER C. IN	21652 R THE POLICY PERIOD PECT TO WHICH THIS TO ALL THE TERMS, IMITS S S S S S S S S S S S S S S S S S S			
ATTN: STRATEGIC ACCOUNTS INSURED RASIER LLC, RASIER-CA LLC RASIER-DC LLC, RASIER-PA LLC 1725 3RD STREET SAN FRANCISCO, CA 94158 USA COVERAGES CERTIFICATE NUMBER: MO-UBER-RASIER-PD REVISION NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RES CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTR. TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTR. TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTR. TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER 1: FARMERS INSURANCE OR OTHER DOCUMENT WITH RES CREATER OR OTHER DOCUMENT. THE INSURED NAME OF THE INSURED RESULT OF THE INSURED RESULT OR OTHER DOCUMENT. THE INSURED RESULT OR OTHER DOCUMENT. THE INSURE OR OTHER DOCUMENT.	21652 R THE POLICY PERIOD PECT TO WHICH THIS TO ALL THE TERMS, IMITS S S S S S S S S S S S S S S S S S S			
RASIER LLC, RASIER-CA LLC RASIER-DC LLC, RASIER-PA LLC 1725 3RD STREET SAN FRANCISCO, CA 94158 USA COVERAGES CERTIFICATE NUMBER; MO-UBER-RASIER-PD THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOF INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER INSURED NAMED ABOVE FOR INDICATED. THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSI TYPE OF INSURANCE ADDIL SUBRE POLICY BE PAID CLAIMS. COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY	R THE POLICY PERIOD PECT TO WHICH THIS TO ALL THE TERMS, IMITS S S S S S GG \$			
RASIER-DC LLC, RASIER-PA LLC; 1725 3RD STREET SAN FRANCISCO, CA 94158 USA COVERAGES CERTIFICATE NUMBER; MO-UBER-RASIER-PD THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RES CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INST TYPE OF INSURANCE INSURER 5: INSURER 7: INSURER 7: INSURER 8: INSURER 6: INSURER 7: REVISION NUMBER REVISION NUMBER REVISION NUMBER REVISION NUMBER REVISION NUMBER REVISION NUMBER ASSUED TO THE INSURED NAMED ABOVE FOR THE INSURED NAMED ABOVE FOR THE INSURED NAMED CLAIMS. INSURER 7: INSUR 7: INSURER 7	R THE POLICY PERIOD PECT TO WHICH THIS TO ALL THE TERMS, IMITS S S S S S GG \$			
1725 3RD STREET SAN FRANCISCO, CA 94158 USA COVERAGES CERTIFICATE NUMBER: MO-UBER-RASIER-PD REVISION NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RES CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTR TYPE OF INSURANCE ADDISUBR TYPE OF INSURANCE ADDISUBR TYPE OF INSURANCE ADDISUBR ADDISUBR POLICY NUMBER ADDISUBR POLICY PROJECT POLICY EXP (MM/DDYYYY) LI EACH OCCURRENCE DAMAGET OR RETTED PREMISES (Ea occurrence) RED EXP (Any one person) PERSONAL & ADVINJURY GENERAL AGGREGATE POLICY PROD THER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY	R THE POLICY PERIOD PECT TO WHICH THIS TO ALL THE TERMS, IMITS S S S S S GG \$			
SAN FRANCISCO, CA 94158 USA COVERAGES CERTIFICATE NUMBER: MO-UBER-RASIER-PD REVISION NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RES CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSIR TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY ANY AUTO OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS AUTOMATICAL BELL ALLA ACCIDENT ELL EACH ACCIDENT ELL EAC	R THE POLICY PERIOD PECT TO WHICH THIS TO ALL THE TERMS, IMITS S S S S S GG \$			
COVERAGES CERTIFICATE NUMBER: MO-UBER-RASIER-PD REVISION NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITH-STANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RES CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTER TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY ANY AUTO OWNED AUTOS ONLY AU	ER: FOR THE POLICY PERIOD ESPECT TO WHICH THIS ECT TO ALL THE TERMS, LIMITS Since) \$ Ince) \$			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RES CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTITUTE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTITUTE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTITUTE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTITUTE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTITUTE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTITUTE OF POLICY OF INSURANCE ADDITIONS OF SUBJECT AND AD	TE FOR THE POLICY PERIOD H RESPECT TO WHICH THIS BJECT TO ALL THE TERMS, LIMITS CE \$ ED \$ urrence) \$ person) \$ INJURY \$ GATE \$ P/OP AGG \$ \$ E LIMIT \$ er person) \$ er accident) \$ GE \$ \$ CE \$ \$ SECE \$ \$ SECE \$ SEC \$ SECE \$ SEC			
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RES CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSE TYPE OF INSURANCE ADDLISUSER INSD WVD POLICY NUMBER POLICY SEF POLICY SEF POLICY SEF POLICY SEF POLICY SEF POLICY SEF PRODUCTS - COMPION AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSD WVD POLICY NUMBER POLICY SEF POLICY SEF POLICY SEF PRODUCTS - COMPION AND CONDITIONS OF SUCH PRODUCTS - COMPION AND CONDITION AND CONDITION SEP AUTOS ONLY AUT	PECT TO WHICH THIS T TO ALL THE TERMS, IMITS S S S S S GG \$			
LTR	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CREMENSES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
MED EXP (Any one person) PERSONAL & ADV INJURY GENL AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION AGREEMED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET OR PROJECT OF THE METAL ACCIDENT WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET OR PARTINER EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AG OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AU	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTO	\$ GG \$			
POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A N/A PRODUCTS - COMP/OP AC COMBINED SINGLE LIMIT ([Ea accident)] BODILY INJURY (Per person BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIET FOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	GG \$			
OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under				
AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY EXCESS LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	\$			
ANY AUTO OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY HURBELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANYPROPRIETOR/PATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	\$			
AUTOS ONLY HIRED AUTOS ONLY AUTOS	n) \$			
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	ent) \$			
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	\$			
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	\$			
DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	\$			
ANYPROPRIETOR/PARTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under	1-			
(Mandatory in NH) If yes, describe under	\$			
	YEE \$			
	AIT \$			
A BUS AUTO DAMAGE 606715847PD 03/01/2024 03/01/2025 COMP DEDUCTIBLE COLL DEDUCTIBLE	,			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				
As further described in the policy, limit is the lesser of Actual Cash Value and Cost of Repair. A covered auto is a passenger "auto" while being used by a "TI "UberPartner application", provided the "TNC Driver" has logged and recorded acceptance of a request for transportation services, and is en route to the pick the final destination. Coverage only applies if at the time of loss, the covered auto driven by the TNC Driver was insured for collision coverage under a perso the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto.	k-up location or traveling to			
CERTIFICATE HOLDER				
CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE THE EXPIRATION DATE THEREOF, NOTICE WILL ACCORDANCE WITH THE POLICY PROVISIONS. 1725 3RD STREET SAN FRANCISCO, CA 94158 USA				

© 1988-2016 ACORD CORPORATION. ÁII rights reserved.

Melvin Cramer C



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th				require an endorsement	. A st	atement on
	DUCE			J				CONTAC NAME:		,			
PR)GR	ESSIVE COMME	RCI4	ΔΙ				PHONE			FAX (A/C, No):		
PO	вох	94739	11017					(A/C, No E-MAIL			(A/C, NO):		
CLE	VEL	AND, OH 44101						ADDRES					1110 "
											RDING COVERAGE		NAIC#
INSU	DED.								RA: United Fire	nancial Casualt	y Company		11770
		LLC: Rasier-CA. L	LC :	Rasier-DC. LLC:	Rasie	r-PA. I	LLC; Rasier-MT, LLC;	INSURER B:					
Hin	ter-N	M, LLC	- ,	-, -,		,	, , ,	INSURE	RC:				
		d Street ncisco. CA 94158	,					INSURE	RD:				
Sai	ІГІА	11CISCO, CA 94 136	,					INSURE	RE:				
								INSURE	RF:				
		AGES					NUMBER:				REVISION NUMBER:		
IN C	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA								CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY	INCOL	1111			((EACH OCCURRENCE	\$	
		CLAIMS-MAD	oe [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		OLAIWIO-IVIAL	,	000010							MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:												
	POLICY PRO- POLICY JECT LOC										GENERAL AGGREGATE	\$	
OTHER:										PRODUCTS - COMP/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$				
	AUI	ANY AUTO	•								(Ea accident)	•	
		OWNED		SCHEDULED							BODILY INJURY (Per person)	\$ 50,00	
Α		AUTOS ONLY HIRED		AUTOS NON-OWNED			06268003		03/01/2024	03/01/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 100,0	00
		AUTOS ONLY	X	AUTOS ONLY							(Per accident)	\$ 25,00	0
												\$	
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE		ON \$								\$	
		RKERS COMPENSA' EMPLOYERS' LIAB									PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PART	NER/	EXECUTIVE TIN	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LUDE	D!	117.4						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPEF	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	RIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
As fi	rther (described in the polic	cv an	insured auto is an au	ıto beir	na opera	rated by a TNC driver, but only when	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availah	le to receive
				equest through the ri					ao. io ioggou o		ourou o mae omare approacion ama	10 4 7 4 11 4 2	
CE	2715	ICATE HOLD	FP					CANC	ELLATION				
OL	V111	IOATE HOLD	<u> </u>					CANC	LLLATION				
172	25 3rd	chnologies, Inc. d Street ncisco, CA 94158	3					THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		
								AUTHOR	RIZED REPRESEI				_
									Patricial Cours				



DATE (MM/DD/YYYY) 03/01/2024

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.

	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).												
	DUCE			J				CONTACT NAME:					
PRO	OGRI	ESSIVE COMME	RCIA	۸L				PHONE			FAX (A/C, No):		
		94739						(A/C, No E-MAIL			(A/C, NO):		
CLE	VEL	AND, OH 44101						ADDRES	-		NDW 0 00 / 5D 4 0 5		1110 "
											DING COVERAGE		NAIC #
INSU	DED.								RA: United Fire	nanciai Casuait	y Company		11770
		LC: Rasier-CA L	IC.	Rasier-DC LLC	Rasie	r-PA I	LLC; Rasier-MT, LLC;	INSURER B:					
Hint	er-N	M, LLC	0 ,	. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			, radio: iii.,,	INSURE	RC:				
		Street						INSURE	RD:				
San	Fran	ncisco, CA 94158						INSURE	RE:				
								INSURE	RF:				
		AGES					NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA								OF ANY	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO \	WHICH THIS
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY					,	,	EACH OCCURRENCE	\$	
		CLAIMS-MAD	of [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		02,									MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$		
	POLICY PRO-												
										PRODUCTS - COMP/OP AGG	\$		
	ΔΙΙΤ	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		000		
	ΑΟ.	ANY AUTO	•								(Ea accident) BODILY INJURY (Per person)	\$ 1,000,	,000
		OWNED		SCHEDULED							, , ,		
Α		AUTOS ONLY HIRED	X	AUTOS NON-OWNED			06268308		03/01/2024	03/01/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		AUTOS ONLY	_	AUTOS ONLY							(Per accident)	\$	
												\$	
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE		ON \$							DED. OTH	\$	
		RKERS COMPENSA' EMPLOYERS' LIAB		(v.n.							PER OTH- STATUTE ER		
		PROPRIETOR/PART			N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LUDE	D:							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPEF	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	RIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
As fu	rther o	described in the polic	cv. an	insured auto is an au	to bein	a opera	ated by a TNC driver, but only when	the TNC	driver is logged o	n to the named in	sured's ride-share application, has	recorded	acceptance in the
							location or traveling from the pick-up				,		
		ICATE HOLD	ED					CANO	ELLATION				
CEI	X I II	ICATE HOLD	EK				1	CANC	ELLATION				
172	5 3rd	chnologies, Inc. I Street ncisco, CA 94158						THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
								AUTHO	RIZED REPRESEI		2+ 110	_	
								Catrical Cours					

AGENCY CUSTOMER ID:	
1.00 #.	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED						
PROGRESSIVE COMMERCIAL		Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC					
POLICY NUMBER 06268308	1725 3rd Street San Francisco, CA 94158						
CARRIER	NAIC CODE						
United Financial Casualty Company	11770	EFFECTIVE DATE : 03/01/2024					

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ___25 ___ FORM TITLE: _Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Comprehensive Collision	Actual Cash Value Actual Cash Value	\$2,500 \$2,500
Medical Payments	Included as further described i policy	in the





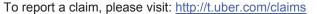
DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

If	SUBROGATION IS WAIVED, subject is certificate does not confer rights	to th	he te	rms and conditions of th	e polic	cy, certain p	olicies may	•			
	DUCER				CONTACT NAME:						
FAR	MERS INSURANCE EXCHANGE				PHONE (A/C, No			FAX			
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	0, EXt):		(A/C, No):			
woo	DDLAND HILLS, CA 91367				ADDRE						
АТТ	N: STRATEGIC ACCOUNTS						SURER(S) AFFOR	RDING COVERAGE		NAIC # 21652	
INSU							.S INSURANCE	EXCHANGE		21002	
INSU	RASIER LLC, RASIER-CA LLC,				INSURE	R B :					
	RASIER-DC LLC, RASIER-PA LLC,				INSURE	RC:					
					INSURE	RD:					
	1725 3RD STREET				INSURE	RE:					
	SAN FRANCISCO, CA 94158 USA				INSURE						
_				NUMBER: MT-UBER-RAIS				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	OT TO	WHICH THIS	
INSR LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
	900011							,	\$		
								` ' ' '	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$		
	PRO-										
									\$		
	OTHER: AUTOMOBILE LIABILITY										
	ANY AUTO							(Ea accident)			
	OWNED SCHEDULED			606745906		03/01/2024	03/01/2025	\ ' ' /			
Α	AUTOS ONLY HIRED AUTOS NON-OWNED			606715896		03/01/2024	03/01/2023	· ' /	\$ 100,0		
	AUTOS ONLY AUTOS ONLY							(i di addidenti)	\$ 25,00)0	
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
As fu	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC urther described in the policy, covered autos a able to receive requests for transportation se	are "au	utos" v	while being used by a "TNC Dri	ver", pro	vided the "TNC		•	cation"	and	
CF	RTIFICATE HOLDER				CANO	ELLATION					
	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL 1725 3RD STREET	C,			SHO THE ACC	EXPIRATION EXPIRATION CORDANCE WI	N DATE THE TH THE POLIC NTATIVE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.			
	SAN FRANCISCO, CA 94158 US	A			Melvin Cramer Or						

© 1988-2016 ACORD CORPORATIÓN. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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.

	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	ne te	rms and conditions of th	e poli	cy, certain po	olicies may i				
	DUCE					CONTA		,-				
		S INSURANCE EXCHANGE				PHONE (A/C, No				FAX		
6303	OW	ENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	o, Ext):			(A/C, No):		
woo	DLA	ND HILLS, CA 91367				ADDRE						
ATTI	N: ST	RATEGIC ACCOUNTS					RA: FARMER	S INSURANCE	RDING COVERAGE			NAIC # 21652
INSU								0 1140010 11402	EXOTIVITOE			2.002
11430		RASIER LLC, RASIER-CA LLC,				INSURE						
		RASIER-DC LLC, RASIER-PA LLC,				INSURE						
		1725 3RD STREET				INSURE	R D :					
		SAN FRANCISCO, CA 94158 USA				INSURE	RE:					
		,			MT UDED DAIG	INSURE						
					NUMBER: MT-UBER-RAIS				REVISION NUM		IE BOI	LIOV DEDICE
IN CI E)	DIC/ ERTI	ATED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY I ISIONS AND CONDITIONS OF SUCH	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WE FORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF					WHICH THIS		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENT		\$	
		CLAIMS-MADE OCCUR							PREMISES (Ea occu	irrence)	\$	
									MED EXP (Any one	person)	\$	
									PERSONAL & ADV I	NJURY	\$	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
		POLICY PRO- LOC							PRODUCTS - COMP	P/OP AGG	\$	
		OTHER:							COMPINED CINCLE	LIMIT	\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$ 1,00	0,000
		ANY AUTO							BODILY INJURY (Pe	er person)	\$	
Α		OWNED AUTOS ONLY AUTOS			606715897		03/01/2024	03/01/2025	BODILY INJURY (Pe		\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
											\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTION \$									\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	(Man	CER/MEMBEREXCLUDED? datory in NH)	N/A						E.L. DISEASE - EA E	EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
As fu	irther recor	ION OF OPERATIONS / LOCATIONS / VEHICL described in the policy, covered autos a ded acceptance of a request for transporas further described in the policy.	re "au	utos" v	vhile being used by a "TNC Dri	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPa			
CEI	RTIF	ICATE HOLDER				CAN	CELLATION					
		RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC	•			THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
		1725 3RD STREET	,			AUTHO	RIZED REPRE SE					
		SAN FRANCISCO, CA 94158 USA				Melvin Cramer Or.						





DATE (MM/DD/YYYY) 03/01/2024

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement	t. A st	atement on	
	DUCE		-	-		CONTA NAME:		,-				
FAR	MER	S INSURANCE EXCHANGE				PHONE (A/C, No			FAX			
6303	OW	ENSMOUTH AVE, 4TH FLOOR				E-MAIL			(A/C, No):			
woo	DDLA	AND HILLS, CA 91367				ADDRE			NO. 100 / FD 4.05			
АТТ	v st	FRATEGIC ACCOUNTS						S INSURANCE	EDING COVERAGE		NAIC # 21652	
INSU						INSURE	NA.	0 1140010 11402	EXOTIVITOL			
INSC		RASIER LLC, RASIER-CA LLC,				INSURE						
		RASIER-DC LLC, RASIER-PA LLC,				INSURE						
		1725 3RD STREET				INSURE						
		SAN FRANCISCO, CA 94158 USA				INSURE						
		<u> </u>	TIFI	~ A T F	NUMBER: MT-UBER-RAIS	INSURER F: REVISION NUMBER:						
_		RAGES CER S TO CERTIFY THAT THE POLICIES								HE DOI	ICV DEDIOD	
IN C	DICA ERTI	ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR	INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBE						POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
		COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$		
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:								\$		
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		7.0.00 0.12.							,	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TITE	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	BUS	S AUTO DAMAGE			606715897PD		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2,500		
									COLL DEDUCTIBLE	\$2,500		
As fu "Ube the f	ırthei rPar inal d	rion of operations / Locations / VEHICI r described in the policy, limit is the lesse tner application", provided the "TNC Drivi destination. Coverage only applies if at th Driver as an insured or the auto driven by	r of A er" ha e time	ctual C is logg e of los	Cash Value and Cost of Repair ed and recorded acceptance on s, the covered auto driven by	. A cove of a requ	red auto is a pa est for transport	issenger "auto" tation services,	while being used by a "TNC and is en route to the pick-up	location	n or traveling to	
CE)TIE	FICATE HOLDER				CANC	TELL ATION					
JE!	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC, 1725 3RD STREET						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					
		SAN FRANCISCO, CA 94158 USA	4			Melvin Cramer Or						



DATE (MM/DD/YYYY) 03/01/2024

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(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).

	is certificate does not confer rights to							require an endorsement	. A Sta	atement on
PRO	DUCER				CONTAC NAME:	ст	•			
PRO	OGRESSIVE COMMERCIAL				PHONE (A/C. No			FAX (A/C, No):		
	BOX 94739				E-MAIL ADDRES			(A.O., NO).	-	
CLE	EVELAND, OH 44101				ADDRES		LIRER(S) AFFOR	RDING COVERAGE		NAIC#
					INSLIDE		nancial Casualt			11770
INSU	RED				INSURE			,		
	ier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Ra	asier-	PA, LL	LC; Rasier-MT, LLC;	INSURE					
	<mark>er-NM, LLC</mark> 5 3rd Street				INSURE					
	Francisco, CA 94158				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	ìΔTE	E NUMBER:	INSURE	KF.		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEEI	N ISSUED TO			HE POL	ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO V	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY F (CLUSIONS AND CONDITIONS OF SUCH I) ALL T	HE TERMS,
INSR	TVD= 05 W0WD+W05	ADDL	SUBR		DELIN IN		POLICY EXP (MM/DD/YYYY)			
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
								EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							COMBINED SINGLE LIMIT	\$	
	ANY AUTO									
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$ 50,000	
Α	AUTOS ONLY AUTOS			06273861		03/01/2024	03/01/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 100,00	
	HIRED X NON-OWNED AUTOS ONLY							(Per accident)	\$ 25,000)
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
								_		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ACORD) 101, Additional Remarks Schedul	le, may be	e attached if mor	e space is requir	red)		
	rther described in the policy, an insured auto is an aut ests, but has not accepted any request through the rid									le to receive
,	,				,,,		g- ·		F,	
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	a Tankan daniara dan				SHO	III D ANV OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELL	ED REFORE
	r Technologies, Inc. 5 3rd Street							EREOF, NOTICE WILL E		
	Francisco, CA 94158				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.		
					A117716	NZED DESSE	NIT A TIV (F			
					AU THOF	RIZED REPRESE		2+ . 1110		
					Catricial Cours					

AGENCY CUSTOMER ID:	
LOC #	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED					
PROGRESSIVE COMMERCIAL	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC					
POLICY NUMBER	1515 3rd Street San Francisco, CA 94158					
06273861						
CARRIER	NAIC CODE					
United Financial Casualty Company	11770	EFFECTIVE DATE: 03/01/2024				

ADDITIONAL I	REN	ΛAI	RK	S
--------------	-----	-----	----	---

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Uninsured Motorist Property Damage

Additional Coverages		
Insurance coverage(s)	Limits	Deductible
Uninsured/Underinsured Motorist	Included as further descr	

policy

Included as further described in the



DATE (MM/DD/YYYY) 03/01/2024

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.

PROORES COMMERCIAL PO GOX 94739 CLEVELAND, OH 4101 NUMBER 1. MIGHE PRINCIPLE SHOW MAKE BEEN SUBJECT TO THE INSURED NAMED ARROY FOR THE POLICY PERIOD NUMBER 1. MIGHE PRINCIPLE SHOW MAY BEEN REQUESTED BY AND CLAMBS. PROORES STORE CRITICIST THAT THE POLICES OF INSURANCE LISTED BELOW MAY BEEN REQUESTED BY AND CLAMBS. PRINCIPLE STORE CRITICIST THAT THE POLICES OF INSURANCE LISTED BELOW MAY BEEN REQUESTED BY AND CLAMBS. PRINCIPLE STORE CRITICIST THAT THE POLICES OF INSURANCE LISTED BELOW MAY BEEN REQUESTED BY AND CLAMBS. PRINCIPLE STORE CRITICIST THAT THE POLICES OF INSURANCE LISTED BELOW MAY BEEN REQUESTED BY AND CLAMBS. PRINCIPLE STORE CRITICIST THAT THE POLICES SO INSURANCE LISTED BELOW MAY BEEN REQUESTED BY AND CLAMBS. PRINCIPLE STORE CRITICIST THAT THE POLICE SO INSURANCE LISTED BELOW MAY BEEN REQUESTED BY AND CLAMBS. PRINCIPLE STORE CRITICIST THAT THE POLICE SO INSURANCE LISTED BELOW MAY BEEN REQUESTED BY AND CLAMBS. PRINCIPLE STORE CRITICIST THAT THE POLICE SO INSURANCE LISTED BELOW MAY BEEN REQUESTED BY AND CLAMBS. PRINCIPLE STORE CRITICIST THAT THE POLICE SO INSURANCE LISTED BELOW MAY BEEN REQUESTED BY AND CLAMBS. PRINCIPLE STORE CRITICIST THAT THE POLICE SO INSURANCE LISTED BELOW MAY BEEN REQUESTED BY AND CLAMBS. PRINCIPLE STORE CRITICIST THAT THE POLICE SO INSURANCE LISTED BELOW MAY BE AND CRITICIST OF OTHER POLICES IN SUBJECT TO ALL THE FERNING BY AND CRITICIST OF OTHER POLICES AND CRI		SUBROGATION IS WAIVED, subject nis certificate does not confer rights t							require an endorsement	t. Ast	atement on
PROCRESSIVE COMMERCIAL PROVIDE CALL PROPERTY COMMERCIAL PROVIDE CALL PROVIDE COMMERCIAL PROVIDE CALL PROVIDE	_		<u> </u>		anouto notaer in nea er et			<u>,. </u>			
ROUNTS RECEPTION OF 44101	PROGRESSIVE COMMERCIAL								FAX		
ADDRESS: NSURER(3) AFFORDING COVERAGE NSURER 1: NSURER 2: INSURER 3: INSURER(3) AFFORDING COVERAGE NSURER 3: NSURER 3: INSURER 3: INSURER 3: NSURER 5: NSURER 5: NSURER 6: NSURER 6: NSURER 6: NSURER 6: NSURER 6: NSURER 7: NSURER 7: NSURER 7: NSURER 8: NSURER 8: NSURER 8: NSURER 8: NSURER 9: NSURER						E-MAIL					
MISURE P. Rasier LLC Rasier-CA	CLI	EVELAND, OH 44101				ADDRESS:					
MSUMER 9:						INCLIDE		` ,			
RESURER C: MISURER D:	INSU	JRED						nanoiai Gasaai	ty Company		11170
SAIN FRANCISCO, CA 94158 MSURER D			asier-	PA, LI	LC; Rasier-MT, LLC;						
San Francisco, CA 94158 COVERAGES CERTIFICATE NUMBER: THIS IST O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AND ARROY RECUIREMENT. TERM OR COMOTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS PROVIDED AND CAMBO ARROY RECUIREMENT. TERM OR COMOTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS PROVIDED AND CAMBO ARROY RECUIREMENT. TERM OR COMOTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS PROVIDED AND CAMBO ARROY RECUIREMENT. TERM OR COMOTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VAIL THE TERMS. EXCUSSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. TYPE OF NUMBER. LIMITS. COMMERCIAL GENERAL LIBILITY OR CHARGE OF THE POLICY NUMBER POLICY NUMBER. POLICY NUMBER AUTOS ONLY AND CONTRIBUTED TO THE TERMS. AUTOS ONLY AND CONTRIBUTED TO THE TERMS. CONTRIBUTED TO THE TERMS. AUTOS ONLY AND CONTRIBUTED TO THE TERMS. CONTRIBUTED TO THE TERMS. CONTRIBUTED TO THE TERMS. AUTOS ONLY AND CONTRIBUTED TO THE TERMS. CONTRIBU											
COVERAGES CERTIFICATE NUMBER: THIS IS TO GERTIFY THAT THE POLICIES OF INSUPANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANED ABOVE FOR THE POLICY PERIOD INSIGNATED. NOTWITHSTANDING ANY PEGUINESHENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENTH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAIMS. TYPE OF NEUBRANCE ADDRESS. ADDRESS. ADDRESS. CHIEF SHOWN MAY HAVE BEEN REDUCED BY ADDRESS. ADDRESS. CHIEF SHOWN MAY HAVE BEEN REDUCED BY ADDRESS.											
THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURENDE ADDRESS OF THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED TO THE ROUGH DEVELOPED BY THE POLICY OR THE POLICY OF THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. CALMISMADE											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OCONDITION OF ANY CONTRACT OR OTHER DOLOR TWITH THE REPORT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY FIRST	co	VERAGES CER	TIFI	CATE	E NUMBER:	INOUNE	KI .		REVISION NUMBER:		<u> </u>
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HANGE BEEN REDUCED BY PAID CLAIMS. POLICY FIFTY POLICY FIRTY POLIC			OF	INSUF	RANCE LISTED BELOW HAY	VE BEE	N ISSUED TO			HE POL	ICY PERIOD
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CANNUAL SUBJECT OF THE POLICY NUMBER OF THE POLI											
NORTH TYPE OF INSURANCE AND INSURED AND INSURANCE AND INSURED AND INSURANCE AND INSURED AN) ALL	THE TERMS,
CAMPS-MADE OCCUR CAMPS-M			ADDL	SUBR	R	DELIT				· s	
CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CONTROL OCCUR CENT AGGREGATE LIMIT APPLIES PER: PRODUCTS COMPOP AGG \$ PROD	LIK		INSD	WVD	FOLICT NUMBER		(MIM/DD/TTTT)	(MIM/DD/TTTT)			
MED EXP (Any one person) MED EXP (Any one person) S									DAMAGE TO RENTED		
GENT AGGREGATE LIMIT APPLIES PER POLUCY DEBT LOC POLICE POLICY LOC DITER STATUTE STATU									,	\$	
PRODUCTS - COMPIOP AGG \$ OTHER AUTOMOBIL LABRITY ANY AUTO ONNED ONNED AUTOS ONLY ANY AUTO AUTOS ONLY AUTOS									PERSONAL & ADV INJURY	\$	
A Automobile Lubility AUTOMOBILE LUBILITY		GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
AUTOMOBILE LIABILITY ANY AUTO ANY AUTO AUTOS ONLY		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
ANY AUTO ONLY NON-OWNED AUTOS ONLY AUTOS ONL		OTHER:								\$	
A SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, an insured duto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the final destination location. Uninsured Underinsured Bodily Injury and Uninsured Property Damage included as further described in the policy. A Automobile liability is increased to \$1,500,000 combined single limit when on a public airport premises. CERTIFICATE HOLDER CANCELLATION SOUNT INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PRO		AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
AUTOS ONLY									BODILY INJURY (Per person)	\$	
AUTOS ONLY Per accident)	Α	AUTOS ONLY AUTOS			06270188		03/01/2024	03/01/2025	,	\$	
WORKELLA LIAB DED RETENTION S		HIRED ★ NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
EXCESS LIAB CLAIMS-MADE DED										\$	
DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIBBILITY ANYPROPRIETOR PARTNER EXECUTIVE UNIT STATUTE ER ELL. EACH ACCIDENT (Mandatory in NI) If yes, describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application, has recorded acceptance in the ride-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location. Uninsured/Underinsured Bodily injury and Uninsured Property Damage included as further described in the policy. A. Automobile liability is increased to \$1,500,000 combined single limit when on a public airport premises. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY'S LABILITY'S LABILIT		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application, has recorded acceptance in the ride-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location. Uninsured/Underinsured Bodily Injury and Uninsured Property Damage included as further described in the policy. CERTIFICATE HOLDER CANCELLATION Liber Technologies, Inc. 1725 3rd Street San Francisco, CA 94158 AUTHORIZED REPRESENTATIVE E.L. DISEASE - POLICY LIMIT \$ E.L. DISEASE - BAMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ CANCELLATION 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. AUTHORIZED REPRESENTATIVE		DED RETENTION \$								\$	
A Automobile liability is increased to \$1,500,000 combined single limit when on a public airport premises. CERTIFICATE HOLDER CANCELLATION Li E.L. BACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application, has recorded acceptance in the ride-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location. Uninsured/Underinsured Bodily Injury and Uninsured Property Damage included as further described in the policy. CERTIFICATE HOLDER CANCELLATION Uber Technologies, Inc. 1725 3rd Street San Francisco, CA 94158 AUTHORIZED REPRESENTATIVE		AND EMBLOVEDS! LABILITY							PER OTH- STATUTE ER		
Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application, has recorded acceptance in the ride-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location. Uninsured/Underinsured Bodily Injury and Uninsured Property Damage included as further described in the policy. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE		ANYPROPRIETOR/PARTNER/EXECUTIVE TITIES	N/A						E.L. EACH ACCIDENT	\$	
DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application, has recorded acceptance in the ride-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location. Uninsured/Underinsured Bodily Injury and Uninsured Property Damage included as further described in the policy. A. Automobile liability is increased to \$1,500,000 combined single limit when on a public airport premises. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE		(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application, has recorded acceptance in the ride-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location. Uninsured/Underinsured Bodily Injury and Uninsured Property Damage included as further described in the policy. A. Automobile liability is increased to \$1,500,000 combined single limit when on a public airport premises. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE		DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application, has recorded acceptance in the ride-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location. Uninsured/Underinsured Bodily Injury and Uninsured Property Damage included as further described in the policy. A. Automobile liability is increased to \$1,500,000 combined single limit when on a public airport premises. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE											
As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application, has recorded acceptance in the ride-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location. Uninsured/Underinsured Bodily Injury and Uninsured Property Damage included as further described in the policy. A. Automobile liability is increased to \$1,500,000 combined single limit when on a public airport premises. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE											
As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application, has recorded acceptance in the ride-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location. Uninsured/Underinsured Bodily Injury and Uninsured Property Damage included as further described in the policy. A. Automobile liability is increased to \$1,500,000 combined single limit when on a public airport premises. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE											
ride-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location. Uninsured/Underinsured Bodily Injury and Uninsured Property Damage included as further described in the policy. A. Automobile liability is increased to \$1,500,000 combined single limit when on a public airport premises. CERTIFICATE HOLDER CANCELLATION Uber Technologies, Inc. 1725 3rd Street 25 3rd Street 25 3rd Street 35 3rd Street 36 494158 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)		
A. Automobile liability is increased to \$1,500,000 combined single limit when on a public airport premises. CERTIFICATE HOLDER CANCELLATION Uber Technologies, Inc. 1725 3rd Street San Francisco, CA 94158 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE											
CERTIFICATE HOLDER Uber Technologies, Inc. 1725 3rd Street San Francisco, CA 94158 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. AUTHORIZED REPRESENTATIVE			o the p	ыск-ир	location of traveling from the pick-up	p location	to the linal destina	ation location. On	insured/Onderinsured Bodily Injury	and Unii	isured Property
CERTIFICATE HOLDER Uber Technologies, Inc. 1725 3rd Street San Francisco, CA 94158 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. AUTHORIZED REPRESENTATIVE											
CERTIFICATE HOLDER Uber Technologies, Inc. 1725 3rd Street San Francisco, CA 94158 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. AUTHORIZED REPRESENTATIVE											
Uber Technologies, Inc. 1725 3rd Street San Francisco, CA 94158 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	A. A	utomobile liability is increased to \$1,500,000 combine	d singl	e limit v	when on a public airport premises.						
Uber Technologies, Inc. 1725 3rd Street San Francisco, CA 94158 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		·									
1725 3rd Street San Francisco, CA 94158 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	CE	RTIFICATE HOLDER				CANC	ELLATION				
	172	5 3rd Street				THE	EXPIRATION	N DATE TH	EREOF, NOTICE WILL E		
Cotricial Cours						AUTHO	RIZED REPRESEI				_
								6	tricial Com	5	

AGENCY CUSTOMER ID:	
1.00 #.	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED					
PROGRESSIVE COMMERCIAL	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC					
POLICY NUMBER 06270188	1725 3rd Street San Francisco, CA 94158					
CARRIER	NAIC CODE					
United Financial Casualty Company	EFFECTIVE DATE: 03/01/2024					

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Comprehensive Collision	Actual Cash Value Actual Cash Value	\$2,500 \$2,500
Uninsured/Underinsured Motorist	Included as further described i	n the
Uninsured Motorist Property Damage	Included as further described i	n the





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUI	BROGATION IS WAIVED, subject ertificate does not confer rights t	to th	ne te	rms and conditions of th	e polic	cy, certain p	olicies may	•				
PRO						CONTA NAME:		,					
FAR	MER	RS INSURANCE EXCHANGE				PHONE (A/C, No	= 0		FAX				
6303	OW	/ENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	o, Ext):		(A/C, No):				
woo	DLA	AND HILLS, CA 91367				ADDRE							
ATTI	v S1	TRATEGIC ACCOUNTS						SURER(S) AFFOR	RDING COVERAGE		NAIC # 21652		
								3 INSURANCE	LACHANGE		21002		
11430	NSURED RASIER LLC, RASIER-CA LLC,						R B :						
	RASIER-DC LLC, RASIER-PA LLC,						INSURER C:						
		1725 3RD STREET				INSURE	R D :						
						INSURE	RE:						
		SAN FRANCISCO, CA 94158 USA				INSURE							
					NUMBER: ND-UBER-RAS				REVISION NUMBER:				
IN CI E)	DIC/ ERTI	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$			
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
									MED EXP (Any one person)	\$			
									PERSONAL & ADV INJURY	\$			
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
		OTHER:								\$			
	AU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO							BODILY INJURY (Per person)	\$ 50,00	00		
Α		OWNED SCHEDULED AUTOS			606715856		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	000		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 25,00	00		
		AUTOS ONLY							(r er accident)	\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
		DED RETENTION\$							AGGREGATE	\$			
	WOF	RKERS COMPENSATION							PER OTH- STATUTE ER	φ			
		DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE											
	OFF	ICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	If ve	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE				
	DES	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
As fu to re	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available to receive requests for transportation services, but has not recorded acceptance of a request. Personal Injury Protection, and Uninsured / Underinsured Bodily Injury included as further described in the policy.												
) T 1 F	EICATE HOLDER				CANC	ELLATION						
CEI	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,					SHO THE ACC	OULD ANY OF	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.				
		1725 3RD STREET SAN FRANCISCO, CA 94158 USA	A			Melvin Cramer Or							

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUI	BROGATION IS WAIVED, subject sertificate does not confer rights to	to th	ne te	rms and conditions of th	e polic	cy, certain p	olicies may	•				
PRO		=				CONTA NAME:		,					
FAR	MER	RS INSURANCE EXCHANGE				PHONE	= 0		FAX				
6303	OW	/ENSMOUTH AVE, 4TH FLOOR				(A/C, No E-MAIL ADDRE	0, EXT):		(A/C, No):				
woo	DLA	AND HILLS, CA 91367				ADDRE		NIDED(0) AFFOR	DINO COVEDACE		NAIO#		
ATTI	N: S1	TRATEGIC ACCOUNTS						S INSURANCE	RDING COVERAGE		NAIC # 21652		
INSU								ONOUNANCE	LACHANOL		21002		
		RASIER LLC, RASIER-CA LLC,				INSURE							
	RASIER-DC LLC, RASIER-PA LLC,						INSURER C:						
		1725 3RD STREET				INSURER D:							
		SAN FRANCISCO, CA 94158 USA				INSURE	RE:						
		<u> </u>			NO LIDED DAG	INSURE							
					NUMBER: ND-UBER-RAS				REVISION NUMBER:	JE DOI	ICV DEDIOD		
IN CI E)	DIC/ ERTI	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$			
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
									MED EXP (Any one person)	\$			
									PERSONAL & ADV INJURY	\$			
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
		OTHER:								\$			
	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000		
		ANY AUTO							BODILY INJURY (Per person)	\$			
Α		OWNED SCHEDULED AUTOS			606715857		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$			
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
		1								\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
		DED RETENTION \$								\$			
		RKERS COMPENSATION							PER OTH- STATUTE ER				
	ANY	D EMPLOYERS' LIABILITY 'PROPRIETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDENT	\$			
		TICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	-									<u> </u>			
As fu	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application", has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or traveling to the final destination. Personal Injury Protection and Uninsured / Underinsured Bodily Injury included as further described in the policy.												
CE	OTIF	FICATE HOLDER				CANO	ELLATION						
OEI	<u> VIII</u>	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC 1725 3RD STREET	О,			SHO THE ACC	OULD ANY OF	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.				
		SAN FRANCISCO, CA 94158 USA	A			Melvin Cramer Or							

© 1988-2016 ACORD CORPORATION. All rights reserved.

To report a claim, please visit: http://t.uber.com/claims



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights				•	•	•	require an endorsement	. A st	atement on
PRODUCER		, 0011	initiate fiction in fied of ot	CONTA		,.			
FARMERS INSURANCE EXCHANGE				NAME: PHONE			FAX		
6303 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE			(A/C, No):		
WOODLAND HILLS, CA 91367				ADDRE					
ATTN: STRATEGIC ACCOUNTS							RDING COVERAGE		NAIC # 21652
				INSURE	RA: FARMER	S INSURANCE	EXCHANGE		21052
RASIER LLC, RASIER-CA LLC,				INSURE	RB:				
RASIER-DC LLC, RASIER-PA LLC,				INSURE	RC:				
1725 3RD STREET				INSURE	RD:				
				INSURE	RE:				
SAN FRANCISCO, CA 94158 USA				INSURE	RF:				
			E NUMBER: ND-UBER-RAS				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
LTR TYPE OF INSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
OTHER:							OOMBINED ONIOLE LIMIT	\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO							BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$	1							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A BUS AUTO DAMAGE			606715857PD		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2,500	
			0001.100011.2				COLL DEDUCTIBLE	\$2,500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	D 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require		. ,	
As further described in the policy, limit is the lesse "UberPartner application", provided the "TNC Driv the final destination. Coverage only applies if at the TNC Driver as an insured or the auto driven be	er of A er" ha ne time	ctual (is logg e of los	Cash Value and Cost of Repair ged and recorded acceptance o ss, the covered auto driven by	. A cove of a requ	red auto is a pa est for transpor	assenger "auto" tation services,	while being used by a "TNC and is en route to the pick-up	locatio	n or traveling to
CERTIFICATE UOI DER				CANC	TELL ATION				
CERTIFICATE HOLDER				CANC	ELLATION				
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL	C.			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I Y PROVISIONS.		
1725 3RD STREET				AUTHO	RIZED REPRESE		_		
SAN FRANCISCO, CA 94158 US	A			Melvin Cramer Or.					

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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 noticy/ies) must have ADDITIONAL INSURED provisions or be endorsed

lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to t	he te	rms and conditions of th	e polic	cy, certain p	olicies may	-		
	DUCER				CONTA NAME:		,			
FAR	MERS INSURANCE EXCHANGE				PHONE	- 0		FAX		
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	0, EXI):		(A/C, No):		
WOO	DDLAND HILLS, CA 91367				ADDRE		NUDER/ON AFFOR	DDING COVERAGE		NAIG#
ATTI	N: STRATEGIC ACCOUNTS				INIQUIDE		S INSURANCE	RDING COVERAGE		NAIC # 21652
INSU							10 1140010 11401	- LAOIBINOL		1.002
	RASIER LLC, RASIER-CA LLC,				INSURE					
	RASIER-DC LLC, RASIER-PA LLC,				INSURE					
	1725 3RD STREET				INSURE					
	SAN FRANCISCO, CA 94158 USA				INSURE					
	<u> </u>	TIFI	CATE	NUMBER: NE-UBER-RAS	INSURE			REVISION NUMBER:		
TI IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KILUSIONS AND CONDITIONS OF SUCH	OF EQUIF PERT POLI	INSUF REME AIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEE OF AN' ED BY	N ISSUED TO Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR TI DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$ \$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$ 50,0	00
Α	OWNED SCHEDULED AUTOS ONLY			606715851		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,	000
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 25,0	00
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE T / N	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
As fu	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE In the report of the policy, covered autos a ceive requests for transportation services, but	are "aı	utos" v	while being used by a "TNC Dri	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPartner appl		
<u> </u>	TIFICATE LICENSES				0411	SELL ATION				
UE	RTIFICATE HOLDER				CANC	CELLATION				
	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL	C,			THE ACC	EXPIRATION CORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		
	1725 3RD STREET				AUINO	RIZED REPRESE				
	SAN FRANCISCO, CA 94158 US	A			Melvin Cramer Or					

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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.

	BROGATION IS WAIVED, subject certificate does not confer rights to							require an endorsement	. A st	atement on
PRODUC			-		CONTA NAME:		.,-			
FARME	RS INSURANCE EXCHANGE				PHONE			FAX		
6303 OV	VENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	o, Ext):		(A/C, No):		
WOODL	AND HILLS, CA 91367				ADDRE		SURER(S) AFFOR	RDING COVERAGE		NAIC#
ATTN: S	TRATEGIC ACCOUNTS				INSURF		RS INSURANCE			21652
INSURE)				INSURE					
	RASIER LLC, RASIER-CA LLC,				INSURE					
	RASIER-DC LLC, RASIER-PA LLC,				INSURE					
	1725 3RD STREET				INSURE					
	SAN FRANCISCO, CA 94158 USA				INSURE					
COVE	RAGES CER	TIFIC	ATE	NUMBER: NE-UBER-RAS	•			REVISION NUMBER:		
INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIR PERTA POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
<u> </u>								MED EXP (Any one person)	\$	
_								PERSONAL & ADV INJURY	\$	
GE	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
<u> </u>	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							COMBINED SINGLE LIMIT	\$	2.000
AU	TOMOBILE LIABILITY ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	J,000
۱. ⊢	OWNED SCHEDULED			606715852		03/01/2024	03/01/2025	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$	
Α	AUTOS ONLY AUTOS NON-OWNED			0007 13032		00/01/2021	00/01/2020	PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUP								-	
	- CCCOR							EACH OCCURRENCE	\$	
	CLAIIVIS-IVIADL							AGGREGATE	\$	
wo	DED RETENTION \$ PRKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	D EMPLOYERS' LIABILITY YPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
OF	FICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
lif y	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	OOM HONG! OF ENAMOND BOOM							E.E. BIOLAGE T GLIGT EINIT	Ψ	
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	re space is require	ed)		
	er described in the policy, covered autos a			0 ,			00		,	00
	orded acceptance of a request for transpor as further described in the policy.	tation	servi	ces, and is en route to the pick	-up loca	tion or traveling	g to the final des	stination. Uninsured / Underins	sured B	odily Injury
moladed	as further described in the policy.									
CERTI	FICATE HOLDER				CANO	CELLATION				
RASIER LLC, RASIER-CA LLC,				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	RASIER-DC LLC, RASIER-PA LLC	○ ,			AUTHORIZED REPRESENTATIVE					
	1725 3RD STREET SAN FRANCISCO, CA 94158 USA	Δ					7.1 1	: Carres O		
	UNITED TO USE						1/1/1 - 1/			





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights t							require an endorsemen	t. As	tatement on
PRO	DUCER				CONTA NAME:	СТ				
FAR	MERS INSURANCE EXCHANGE				PHONE	F-A		FAX (A/C, No.)		
6303	3 OWENSMOUTH AVE, 4TH FLOOR				(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:					
WO	DDLAND HILLS, CA 91367				ADDICE		SURFR(S) AFFOR	DING COVERAGE		NAIC#
ATT	N: STRATEGIC ACCOUNTS				INSURE	RA: FARMER				21652
INSL	RED				INSURE					
	RASIER LLC, RASIER-CA LLC,				INSURE					
	RASIER-DC LLC, RASIER-PA LLC,				INSURE	RD:				
	1725 3RD STREET				INSURE	RE:				
	SAN FRANCISCO, CA 94158 USA				INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER: NE-UBER-RAS	IER-PD			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO O ALL	WHICH THIS
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	POLICY PROJECT LOC							GENERAL AGGREGATE	\$	
								PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	· .	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUB							EAGU GOOUDDENGE		
	EVOTOG LIAB OCCUR							EACH OCCURRENCE	\$	
	CLAIIVI3-IVIADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISEASE - FOLICT LIWIT	Ψ	
Α	BUS AUTO DAMAGE			606715852PD		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2,500	
				0001 100021 2				COLL DEDUCTIBLE	\$2,500	
As for the f	CERIPTION OF OPERATIONS / LOCATIONS / VEHICI LITHER described in the policy, limit is the lesse PerPartner application", provided the "TNC Driv inal destination. Coverage only applies if at th TNC Driver as an insured or the auto driven by	r of A er" ha e time	ctual C is logg e of los	Cash Value and Cost of Repair led and recorded acceptance of ss, the covered auto driven by	. A cove of a requ	red auto is a pa est for transport	assenger "auto" tation services,	while being used by a "TNC and is en route to the pick-up	olocatio	n or traveling to
CE	RTIFICATE HOLDER				CANO	ELLATION				
	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC	C,			SHO THE ACC	ULD ANY OF TEXPIRATION ORDANCE WI	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
	1725 3RD STREET				AUTHO	RIZED REPRESE	NTATIVE			

Melvin Cramer

SAN FRANCISCO, CA 94158 USA

DATE(MM/DD/YYYY) 02/12/2024

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.

RODUCER				CONTAI NAME:	CT								
on Risk Insurance Services West, an Francisco CA Office			PHONE FAX (A/C. No. Ext): (A/C. No.):										
25 Market Street			E-MAIL			(A/O. NO.).							
uite 2800 an Francisco CA 94105 USA			ADDRE		IIDED(S) AEEO	RDING COVERAGE	NAIC#						
sured Asier LLC, Rasier-CA LLC,				INSURE		rty Surplus	Insurance Corporation	10725					
sier-DC LLC, Rasier-PA LLC				INSURE									
25 3rd Street n Francisco CA 94158 USA				INSURE									
				INSURE									
				INSURE									
OVERAGES CEF	TIFIC	ATE	NUMBER: 5701039		nr.	RI	EVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES	OF I	NSUR	ANCE LISTED BELOW	V HAVE BEE	N ISSUED TO	THE INSURI	ED NAMED ABOVE FOR THE	POLICY PERIOD					
NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY	PERT/	AIN, T	THE INSURANCE AFF	ORDED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO A	TO WHICH THIS LL THE TERMS,					
EXCLUSIONS AND CONDITIONS OF SUCI							Lillits Show	n are as requested					
TYPE OF INSURANCE	INSD	SUBR	POLICY NUMB	BER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS						
CLAIMS-MADE OCCUR	1						DAMAGE TO RENTED						
CLAIIVIS-IVIADE CCCUR	1						PREMISES (Ea occurrence) MED EXP (Any one person)						
	•						PERSONAL & ADV INJURY						
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE						
POLICY PRO-							PRODUCTS - COMP/OP AGG						
OTHER:													
AUTOMOBILE LIABILITY			ASE-665-067247-28	84	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)						
L							BODILY INJURY (Per person)	\$50,000					
ANY AUTO SCHEDULED							BODILY INJURY (Per accident)	\$100,000					
AUTOS ONLY AUTOS							PROPERTY DAMAGE	\$25,000					
HIRED AUTOS X NON-OWNED AUTOS ONLY							(Per accident)	\$23,000					
<u> </u>							EACH OCCURRENCE						
UMBRELLA LIAB OCCUR							AGGREGATE						
DED RETENTION CLAIMS-MADE	4						AGGREGATE						
DED RETENTION WORKERS COMPENSATION AND							PER STATUTE OTH-						
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE	ı						l JÉR						
OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT						
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	1						E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT						
DESCRIPTION OF OPERATIONS DEIOW							E.E. DISEASE-I GEIGT EINIT						
	1												
	1												
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	CORD 1	101, Additional Remarks Scl	hedule, may be	attached if more	space is require	d)						
s further described in the policy he "digital network application",	, cov	/erea /ided	autos are passen the "TNC Driver"	iger "auto ' is "avai	s" while be lable to re	ing used b ceive requ	y a "INC Driver" while ests" for transportation	nogged into n services,					
ut has not accepted any request.	•						,	,					
ERTIFICATE HOLDER				CANCELL	ATION			<u> </u>					
					N DATE THERE		IBED POLICIES BE CANCELLED ILL BE DELIVERED IN ACCORDAN						
Rasier LLC, Rasier-CA LLC	-		}	AUTHORIZED I	REPRESENTATIV	E							
Rasier-DC LLC, Rasier-PA LL 1725 3rd Street	·C				10		ca auc.	7					
San Francisco CA 94158 USA						San Rick Insurance Services West Inc							

ACORD

DATE(MM/DD/YYYY) 02/12/2024

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

	BROGATION IS WAIVED, subject to rtificate does not confer rights to th				cies may req	uire an endorsement. A st	atement on this
PROD	UCER			CONTACT NAME:			
	Risk Insurance Services West,	Inc.		PHONE		FAX	
	Francisco CA Office Market Street			(A/C. No. Ext): E-MAIL		(A/C. No.):	
	e 2800			ADDRESS:			
San	Francisco CA 94105 USA			INS	SURER(S) AFFO	RDING COVERAGE	NAIC#
NSUR	ED			INSURER A: Libe	rty Surplus	Insurance Corporation	10725
	er LLC, Rasier-CA LLC,			INSURER B:			
	er-DC LLC, Rasier-PA LLC 3rd Street			INSURER C:			
	Francisco CA 94158 USA			INSURER D:			
				INSURER E:			
				INSURER F:			
cov	ERAGES CER	TIFICAT	E NUMBER: 5701039156	522	R	EVISION NUMBER:	
EXO NSR LTR	CLUSIONS AND CONDITIONS OF SUCH	ADDL SUI		/E BEEN REDUCED E POLICY EFF (MM/DD/YYYY)	_	/IS. Limits show	n are as requested
_TR	COMMERCIAL GENERAL LIABILITY	INSD W	D FOLICT NOMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	
-	CLAIMS-MADE OCCUR					DAMAGE TO RENTED	
-	CEANNO-INIADE COCCIT					PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
ļ						PERSONAL & ADV INJURY	
-	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	
-	POLICY JECT LOC					PRODUCTS - COMP/OP AGG	
	OTHER:						
Α	AUTOMOBILE LIABILITY		ASE-665-067247-294	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
-	ANYAUTO					BODILY INJURY (Per person)	
}	OWNED SCHEDULED					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS X NON-OWNED				1	PROPERTY DAMAGE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" has logged and recorded acceptance of a request to provide transportation services, and is en route to the pick up location or traveling from the pick-up location to the final destination.

CERTIFICATE HOLDER	CANCELLATIO
--------------------	-------------

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

EACH OCCURRENCE

PER STATUTE

E.L. DISEASE-EA EMPLOYEE

E.L. DISEASE-POLICY LIMIT

E.L. EACH ACCIDENT

OTH

AGGREGATE

AUTHORIZED REPRESENTATIVE

Aon Rish Insurance Services West Inc.

DED

UMBRELLA LIAB

RETENTION WORKERS COMPENSATION AND

ANY PROPRIETOR / PARTNER / EXECUTIVE

If yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

EMPLOYERS' LIABILITY

OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

OCCUR

CLAIMS-MADE

=	
_	۰.
_	-
3	
_	
_	
_	-
_	ì
_=	_
=	-
_	
_	_
	-
-	-
==	-
=	i
=	_
_	-
	-
	•
_	Ì
_	
_	
=	_
_	-
= =	-
_	_
_	
_	-
_	
	-
==	
	_
_ =	_
H	-
	-
-	
	-
	-
	-
=	-
18 11 111	
	-
_	_

	R
ACORD	•

DATE(MM/DD/YYYY) 02/12/2024

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).

PRODUCER				CONTAC NAME:	т					
Aon Risk Insurance Services West,	Inc.			PHONE (866) 282 7122 FAX (800) 262 0105						
425 Market Street				E-MAIL						
Suite 2800 San Francisco CA 94105 USA				ADDRESS:						
Sall Francisco CA 94103 USA					INS	JRER(S) AFFOI	RDING COVERAGE		NAIC #	
INSURED				INSURE	RA: Liber	ty Surplus	Insurance Corporati	on :	10725	
Rasier LLC, Rasier-CA LLC,			•	INSURE	R B:	<u> </u>	·			
Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street				INSURE	R C:					
San Francisco CA 94158 USA				INSURE	R D:					
				INSURE	R E:					
				INSURE	R F:					
COVERAGES CER	TIFIC	ATE	NUMBER: 5701039156	27		RE	VISION NUMBER:	•		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH	QUIRI PERTA I POL	EMEN AIN, T ICIES.	IT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY 1	CONTRACT THE POLICIES REDUCED B	OR OTHER D S DESCRIBEI Y PAID CLAIM	OCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO V O ALL T	VHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE			
EXCESS LIAB CLAIMS-MADE							AGGREGATE			
DED RETENTION	1									
WORKERS COMPENSATION AND							PER STATUTE OTH-			
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE							E.L. EACH ACCIDENT			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE-EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT			
A Business Auto Physical Damage Coverage			ASE-665-067247-294 Auto Physical Damage	1	03/01/2024	03/01/2025	Comp Deductible Coll Deductible		\$2,500 \$2,500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL As further described in the policy the "digital network application", transportation services, and is en destination.	. cov	ered	autos are passenger the "TNC Driver" has the pick up location	"autos s logge n or tr	" while be d and reco caveling fr	ina used b	v a "TNC Driver" whi	le logg provi final	ed into de	
CERTIFICATE HOLDER			CAN	ICELLA	ALION					

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

Aon Rish Insurance Services West, Inc.

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA



DATE (MM/DD/YYYY) 03/01/2024

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							require an endorsement	. A st	atement on
-	DUCER	O tile	, 0011	uncate notaer in nea or st	CONTAC NAME:		<u>, </u>			
'	DGRESSIVE COMMERCIAL				PHONE			FAX		
	BOX 94739				PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL					
CLE	EVELAND, OH 44101				ADDRES					
					INCLIDE	INS RA: Drive Nev		RDING COVERAGE		NAIC# 11410
INSL	RED				INSURE		v derdey moure	ance Company		11410
	sier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; F	asier-	PA, LI	LC; Rasier-MT LLC;	INSURE					
	t <mark>er-NM, LLC</mark> 5 3rd Street				INSURE	RD:				
Sar	Francisco, CA 94158				INSURE	RE:				
					INSURE	RF:				
СО	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY R									
c	ERTIFICATE MAY BE ISSUED OR MAY	PER1	ΓAIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIES	S DESCRIBEI	D HEREIN IS SUBJECT TO	ALL 1	ΓΗΕ TERMS,
	XCLUSIONS AND CONDITIONS OF SUCH		CIES. ∐ SUBR		BEEN R					
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 50,00	0
A	OWNED SCHEDULED AUTOS			01245961		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100.0	
 	HIRED X NON-OWNED			01240001		00/01/2024	00/01/2020	PROPERTY DAMAGE (Per accident)	\$ 25,00	
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)		
	rther described in the policy, an insured auto is an arests, but has not accepted any request through the ri									
	ests, but has not accepted any request through the ri ded as further described in the policy.	ie-sna	ге арріі	lication. Uninsured/Underinsured Boo	ally Injury,	Uninsured Prope	пу Damage, Pers	sonal injury Protection, and Extend	ea Meaic	ai Payments
CE	RTIFICATE HOLDER				CANC	ELLATION				
١	+				SHU		THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELI	ED BEEODE
	er Technologies, Inc. 5 3rd Street							EREOF, NOTICE WILL E		
	Francisco, CA 94158				ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.		
					AUTUC		NTATIVE			
					AUTHO	RIZED REPRESEI		anne.		
							13	Eg. alat		

AGENCY CUSTOMER ID:	
1.00 #	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED						
PROGRESSIVE COMMERCIAL	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT LLC; Hinter-NM, LLC 1725 3rd Street San Francisco. CA 94158						
POLICY NUMBER							
01245961							
CARRIER	NAIC CODE						
Drive New Jersey Insurance Company	11410	EFFECTIVE DATE: 03/01/2024					

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Uninsured/Underinsured Motorist Bodily Injury Uninsured Motorist Property Damage	Included as further described in the policy Included as further described in the policy	
Personal Injury Protection (PIP) - Medical Expense	\$15,000 each person	\$250
Extended Medical Payments	\$1,000 each person	



DATE (MM/DD/YYYY) 03/01/2024

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.

lf	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights to	to ti	he tei	rms and conditions of th	e polic	cy, certain po	olicies may r				
	DUCE					CONTA NAME:		<i>)</i> -				
PRO	OGRI	ESSIVE COMMERCIAL				PHONE			FAX (A/C, No):			
		94739				E-MAIL			(A/C, NO).			
CLE	EVEL	AND, OH 44101				ADDRE		UDED(O) AFFOR	DINO COVEDAGE		NAI0#	
									DING COVERAGE		11410	
INSU	DED.						RA: Drive Nev	v Jersey msura	nce Company		11410	
		LC; Rasier-CA, LLC; Rasier-DC, LLC; R	asier-	PA. LI	C: Rasier-MT. LLC:	INSURE						
Hint	ter-NI	M, LLC		,	, ,,	INSURE	RC:					
		Street cisco, CA 94158				INSURE	R D :					
Oai	ıııaı	101300, 0A 34 130				INSURE	RE:					
						INSURE	RF:					
					NUMBER:				REVISION NUMBER:		101/ 555105	
IN CI EX	IDIC <i>I</i> ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	ст то	WHICH THIS	
INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$		
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:								\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,500	0,000	
		ANY AUTO							BODILY INJURY (Per person)	\$		
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			01245966		03/01/2024	03/01/2025	,	\$		
		HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		7.01.00 0.1.2.								\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION\$								\$		
		KERS COMPENSATION							PER OTH- STATUTE ER			
	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDENT	\$		
		CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	DLO	SKII FIGN OF OF ENATIONS BEIOW							E.E. DIOLAGE T GLIGIT ENVILLE	Ψ		
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	ES (/	ACORD	│ D 101. Additional Remarks Schedu	le. mav b	e attached if mor	e space is requir	ed)			
ride-s	share	described in the policy, an insured auto is an au application of a request, and is either traveling t nd Medical Payments included as further descr	o the p	oick-up	location or traveling from the pick-u							
CE	RTIF	ICATE HOLDER				CANO	ELLATION					
172	5 3rd	chnologies, Inc. Street Icisco, CA 94158				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHO	RIZED REPRESEI)			
							PHARLE					

AGENCY CUSTOMER ID:	
1.00 #	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED							
PROGRESSIVE COMMERCIAL	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC							
POLICY NUMBER	1725 3rd Street San Francisco, CA 94158							
01245966								
CARRIER	NAIC CODE							
Drive New Jersey Insurance Company	11410	EFFECTIVE DATE : 03/01/2024						

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

· ·	2,500 2,500
Uninsured/Underinsured Motorist Included as further described bodily Injury in the policy Included as further described bamage Included as further described in the policy	
Medical Payments \$10,000 each person	





DATE (MM/DD/YYYY) 03/01/2024

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.

PRODUCES PRANIES INSURANCE EXCHANGE 8303 OWENSMOUTH AVE 41H FLOOR VOOCHANDHITA AVE 41H FLOOR VOOCHANDH		SUBROGATION IS WAIVED, subject nis certificate does not confer rights t							require an endorsement.	Ast	atement on	
FAMMER INSURANCE EXCLANANCE WOODLAN HILLS, CA 91357 WOODLAN HILLS, CA 91357 WISHER A FAMMER A FAMMER ROUNDACK EXCHANGE 2 1652 WISHER A FAMMER ROUNDACK EXCHANGE 2 1652 WISHER B SURFERING FROM COPERAGE 2 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PERIOD OF A 1652 WISHER B SURFERING FROM THE POLICY PE	-					CONTA		,-				_
SOS OWNEMOUTH AVE, 4TH FLOOR WOODLAND HILLS, CA 91897 MISURER A: FARMER'S INSURANCE EXCHANGE ATTN: STRATEGIC ACCOUNTS MISURER A: FARMER'S INSURANCE EXCHANGE ASSERTALC. RASSERRALC. REVISION NUMBER: INSURER B: REVISION NUMBER: REVISION NUMBER: INSURER B: REVISION NUMBER: INSURER B: REVISION NUMBER: INSURER B: REVISION NUMBER: INSURER B: REVISION NUMBER: REVISION NU	FAR	MERS INSURANCE EXCHANGE				PHONE FAX						
MODULAN HILLS, CA 91997 MISURER AL FAMPER'S INSURANCE EXCHANGE 21692 MISURER B. FAMPER'S INSURANCE EXCHANGE XCHANGE MISURER B. FAMPER'S INSURANCE EXCHANGE EXCHANGE MISURER B. FAMPER'S INSURANCE EXCHANGE EXCHANGE EXCHANGE MISURER B. FAMPER'S INSURANCE EXCHANGE EXC	6303	3 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRESS						_
ATTH STRATEGIC ACCOUNTS MISURER A. FARMERS INSURANCE EXCHANGE ARSIER LUC RASIER PALLO. 1725 ARD STREET SAN FRANCISCO, CA 94158 USA COVERAGES CERTIFICATE NUMBER: NAUBER: NAUBER PASSER-PERFORD I REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ON MICHAELD NOTWITH STRANDING ANY RECURRENCY. TERM OR CONTINON TO PART OF THE POLICY PERIOD OF SEVEN POLICY PERIO	woo	ODLAND HILLS, CA 91367	ADDRE		SUPER(S) AFFOR	PDING COVERAGE		NAIC #	_			
RASIERROL LORASTERPALIC. 1725 3RD STREET 1898BER 5: 1898BER 6:	АТТ	ATTN: STRATEGIC ACCOUNTS										_
RESIDENCE LIC. RASIERPA LIC. 1725 AND STREET SAME FRANCISCO, CA 94159 USA COVERAGES CERTIFICATE NUMBER: INSURER 9: INSURE	INSL	IRED				INSURE	RB:					
INSURER 1: INSURER 1: INSURER 5: INSURER 6:						INSURE	RC:					
SAN FRANCISCO, CA 94158 USA COVERAGES CERTIFICATE NUMBER: NAMED RASSER SEASON NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSUFANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERIOD		RASIER-DC LLC, RASIER-PA LLC,				INSURE	RD:					
COVERAGES CERTIFICATE NUMBER: NIM-UBER: NIM-U		1725 3RD STREET				INSURE	RE:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NONWITHISTANDING ANY RECURSIVEMENT, TERM OR ORNOTION OR ANY CONTRACT OR OTHER DO LIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMINS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF RISURANCE TYPE OF RISURANCE TYPE OF RISURANCE AND DAY OF THE RISURANCE AND THE TERMS, EXCLUSIONS AND CONTRACT OR SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. COMMERCIAL GENERAL LIBILITY COMMERCIAL GENERAL LIBILITY ANY AUTO AND AUTO AND THE ADDRESS OF THE POLICY PROVIDED BY THE TERMS, EXCLUSIONS AND THE POLICY PROVIDED BY THE TERMS, EXCLUSIONS AND THE POLICY PROVIDED BY THE PROVIDED BY THE POLICY PROVISIONS. THIS CREATER AND THE POLICY PROVISIONS AND THE POLICY PROVISIO		SAN FRANCISCO, CA 94158 USA				INSURE	RF:					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. COMMERCIAL GENERAL LIABILITY	СО	VERAGES CER	TIFI	CATE	NUMBER: NM-UBER-RAI	SER-PE	RIOD1		REVISION NUMBER:			
COMPRENAL LIABILITY COMPRENAL GENERAL LIABILITY CLAIMS-MADE OCCUR OCC	IN C	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S S DESCRIBES PAID CLAIMS	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	OT T	WHICH THIS	
CANDELLATION CICLAIMS-MADE OCCUR CICLAIMS-MADE OC	INSR LTR	TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		1
CLAIMS-MADE OCCUR		COMMERCIAL GENERAL LIABILITY								\$		T
GENLA AGGREGATE LIMIT APPLIES PER POLICY PROPERTY LOC OTHER: AUTOMOBILE LIABILITY ANY VAITO OWNED AUTOS ONLY AUTO		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		1
GENL AGGREGATE LIMIT APPLIES PER POLUCY POLICY PROPERTY LOC OTHER POLICY PROPERTY LOC OTHER PROPERTY P									MED EXP (Any one person)	\$		T
POLICY PRODUCTS - COMPIOP AGG S OTHER AUTOMOBIE LIABUITY ANY AUTO ANY AUTO AUTOS ONLY									PERSONAL & ADV INJURY	\$		
OTHER AUTOMOBILE LIABILITY AN AUTO AN AUTO AN AUTO AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS		GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
AUTOMOBILE LIABILITY ANY AUTO ANY AUTO ANY AUTO ANY AUTO AUTOS ONLY AUTO		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		T
ANY AUTO A COMED AUTOS ONLY AUTOS		OTHER:							I I	\$		T
ANY AUTO A COMED AUTOS ONLY AUTOS		AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		T
AUTOS ONLY		ANY AUTO								\$ 50,00	00	T
HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY SET OF THE ACCOUNT OF PROPERTY PANAGE (Per accident) \$ 25,000 (Per accident) \$ \$ 25,000 (Per accident) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Α	AUTOS ONLY AUTOS			606715901		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	000	T
UMBRELLALIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIET ORPHARTNERIEXECUTIVE OFFICER/MEMBEREXCUTIVE SUBJECT: OFFICER/MEMBEREXCUTIVE OFFICER/MEMBEREXCUTIVE OFFICER/MEMBEREXCUTIVE OFFICER/MEMBEREXCUTIVE SUBJECT OFFICER/MEM		HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$ 25,00	00	1
EXCESS LIAB CLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYER'S LABINUTY STATUTE BY N AND EMPLOYER'S LABINUTY STATUTE BY N AND EMPLOYER'S LABINUTY STATUTE BY N AND EMPLOYER'S COMPENSATION AND EMPLOYER'S LABINUTY STATUTE BL DISEASE - EA EMPLOYEE S EL DISEASE - EA EMPLOYEE S EL DISEASE - POLICY LIMIT S BELDISEASE - POLICY LIMIT S BELDISEASE - POLICY LIMIT S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available to receive requests for transportation services, but has not recorded acceptance of a request. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE										\$		T
DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIBBILITY ANYPROPRIET ORPARTNER/EXECUTIVE OFFICE/MEMBERE/EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available to receive requests for transportation services, but has not recorded acceptance of a request. CERTIFICATE HOLDER CANCELLATION AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		T
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANYPROPRIETOR/PARTINER/EXECUTIVE OFFICE/RMEMBERE/SCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available to receive requests for transportation services, but has not recorded acceptance of a request. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AND A CANCELLATION AUTHORIZED REPRESENTATIVE AUTHOR		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
ANY PROPRIETOR PARTINERY EXECUTIVE OFFICE NAMEMBER EXCLUDED? (Mindatory in NH) (Tyes, describe under EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - FOLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available to receive requests for transportation services, but has not recorded acceptance of a request. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE		DED RETENTION \$								\$		
ANYPROPRIETOR/PARTNER/EXECUTIVE ANY		AND EMPLOYEDS! LIABILITY							PER OTH- STATUTE ER			
Mandatory in Nt) If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available to receive requests for transportation services, but has not recorded acceptance of a request. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE		ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N / A						E.L. EACH ACCIDENT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available to receive requests for transportation services, but has not recorded acceptance of a request. 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE		(Mandatory in NH)	117.7						E.L. DISEASE - EA EMPLOYEE	\$		
As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available to receive requests for transportation services, but has not recorded acceptance of a request. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE		If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available to receive requests for transportation services, but has not recorded acceptance of a request. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE												
As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available to receive requests for transportation services, but has not recorded acceptance of a request. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE												
As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application" and available to receive requests for transportation services, but has not recorded acceptance of a request. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE												
CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE									•			
CERTIFICATE HOLDER 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. RASIER-DC LLC, RASIER-PA LLC, 1725 3RD STREET AUTHORIZED REPRESENTATIVE					• •		ovided the "TNC	Driver" is logg	ed into the "UberPartner applic	cation"	and available	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. RASIER-DC LLC, RASIER-PA LLC, 1725 3RD STREET AUTHORIZED REPRESENTATIVE	to re	ceive requests for transportation services, but	l nas i	not rec	corded acceptance of a reques	ι.						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. RASIER-DC LLC, RASIER-PA LLC, 1725 3RD STREET AUTHORIZED REPRESENTATIVE												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. RASIER-DC LLC, RASIER-PA LLC, 1725 3RD STREET AUTHORIZED REPRESENTATIVE												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. RASIER-DC LLC, RASIER-PA LLC, 1725 3RD STREET AUTHORIZED REPRESENTATIVE												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. RASIER-DC LLC, RASIER-PA LLC, 1725 3RD STREET AUTHORIZED REPRESENTATIVE												
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. RASIER-DC LLC, RASIER-PA LLC, 1725 3RD STREET THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	CE	RTIFICATE HOLDER				CAN	CELLATION					_
AUTHORIZED REPRESENTATIVE							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
$\mathcal{I}_{\mathcal{M}_{\alpha}}(\mathcal{I}_{\alpha}, \mathcal{I}_{\alpha}, \mathcal{I}_{\alpha}$			U,			AUTHO						
			Δ				7	Nolvin	Cramos. Os.			





DATE (MM/DD/YYYY) 03/01/2024

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.

	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	he te	rms and conditions of th	e polic	cy, certain po	olicies may i					
	DUCE					CONTA		,-					
		S INSURANCE EXCHANGE				PHONE (A/C, No				FAX			
6303	OW	ENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	o, Ext):			(A/C, No):			
woo	DLA	ND HILLS, CA 91367				ADDRE							
ATTI	N: ST	RATEGIC ACCOUNTS					RA: FARMER	S INSURANCE	EXCHANGE			NAIC # 21652	
INSU					0 1140014 11402	EXONIVITOE			2.002				
11430		RASIER LLC, RASIER-CA LLC,				INSURE							
		RASIER-DC LLC, RASIER-PA LLC,				INSURE							
		1725 3RD STREET				INSURE	R D :						
		SAN FRANCISCO, CA 94158 USA				INSURE	RE:						
		<u> </u>			- MALIDED DAI	INSURE							
					NUMBER: NM-UBER-RAIS				REVISION NUN		IE BOI	LIOV DEDICE	
IN CI E)	DIC/ ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUI	H RESPECT TO	OT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		\$		
		CLAIMS-MADE OCCUR							PREMISES (Ea occu	irrence)	\$		
									MED EXP (Any one	person)	\$		
									PERSONAL & ADV I	NJURY	\$		
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$		
		POLICY PRO- LOC							PRODUCTS - COMP	P/OP AGG	\$		
		OTHER:							COMPINED CINCLE	LIMIT	\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$ 1,00	0,000	
		ANY AUTO							BODILY INJURY (Pe	er person)	\$		
Α		OWNED AUTOS ONLY AUTOS			606715902		03/01/2024	03/01/2025	BODILY INJURY (Pe		\$		
		AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$		
											\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
		DED RETENTION \$									\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	NT	\$		
	(Man	CER/MEMBEREXCLUDED?	11/7						E.L. DISEASE - EA E	MPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
As fu	ırther ed an	ION OF OPERATIONS / LOCATIONS / VEHICL described in the policy, covered autos a d recorded acceptance of a request for t as further described in this policy.	re "aı	ıtos" v	while being used by a "TNC Dri	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPa				
CEI	RTIF	ICATE HOLDER				CANO	ELLATION						
	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		1725 3RD STREET	•			AUTHO	RIZED REPRE SE I		_		_		
	1725 3RD STREET SAN FRANCISCO, CA 94158 USA							Malvin Coamas, Os.					





DATE (MM/DD/YYYY) 03/01/2024

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.

	BROGATION IS WAIVED, subject certificate does not confer rights t							equire an endorsement	. A st	atement on
PRODUC	=	0 1110	7 001 1.	mouto notaci in nea ci ci	CONTA		,·			
	RS INSURANCE EXCHANGE				NAME: PHONE (A/C, No, Ext):					
6303 OV	VENSMOUTH AVE, 4TH FLOOR				E-MAIL					
WOODL	AND HILLS, CA 91367				ADDRE			DIVIO 001/50105		
ATTN: S	ATTN: STRATEGIC ACCOUNTS						S INSURANCE	DING COVERAGE		NAIC # 21652
							ONOONANCE	LACIANOL		21002
INSURED	RASIER LLC, RASIER-CA LLC,				INSURE	RB:				
	RASIER-DC LLC, RASIER-PA LLC,				INSURE	RC:				
					INSURE	RD:				
	1725 3RD STREET				INSURE	RE:				
	SAN FRANCISCO, CA 94158 USA				INSURE					
				NUMBER: NM-UBER-RAIS				REVISION NUMBER:		
INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
GE	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
AU	ITOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	CLAIWS-WADE							AGGREGATE	\$	
wo	DED RETENTION \$							PER OTH- STATUTE ER	φ	
	D EMPLOYERS' LIABILITY YPROPRIETOR/PARTNER/EXECUTIVE									
OFI	FICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
lf ve	es, describe under							E.L. DISEASE - EA EMPLOYEE		
DÉ:	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
.	S ALITO DAMACE					00/04/0004	20/24/2025	COMP DEDITIONE	¢2 E00	
A BU	S AUTO DAMAGE			606715902PD		03/01/2024	03/01/2025		\$2,500	
									\$2,500	
As further "UberPa	PTION OF OPERATIONS / LOCATIONS / VEHICLE or described in the policy, limit is the lesse intre application", provided the "TNC Drividestination. Coverage only applies if at the Driver as an insured or the auto driven by	r of A er" ha e time	ctual C s logg e of los	Cash Value and Cost of Repair red and recorded acceptance of ss, the covered auto driven by	. A cove of a requ	red auto is a pa est for transport	ssenger "auto" tation services,	while being used by a "TNC I and is en route to the pick-up	locatio	n or traveling to
CERTI	FICATE HOLDER				CANC	ELLATION				
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	1725 3RD STREET				AUINU	RIZED REPRE SE I				
	SAN FRANCISCO, CA 94158 USA	A			Melvin Cramer Or					





DATE (MM/DD/YYYY) 03/01/2024

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.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to th	ne te	rms and conditions of th	e poli	y, certain p	olicies may					
PRODUCER	O tile	Cert	incate noider in ned or st	CONTA		<i>)</i> -					
FARMERS INSURANCE EXCHANGE				NAME: PHONE				FAX			
6303 OWENSMOUTH AVE, 4TH FLOOR				(A/C, No E-MAIL				(A/C, No):			
WOODLAND HILLS, CA 91367				ADDRE						1	
ATTN: STRATEGIC ACCOUNTS							RDING COVERAGE			NAIC # 21652	
				INSURE	RA: FARMER	S INSURANCE	EXCHANGE			21002	
RASIER LLC, RASIER-CA LLC,				INSURER B:							
				INSURE	RC:						
RASIER-DC LLC, RASIER-PA LLC,				INSURER D:							
1725 3RD STREET				INSURE	RE:						
SAN FRANCISCO, CA 94158 USA				INSURE	RF:						
			NUMBER: SA-UBER-NV-(REVISION NUI				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSR LTR TYPE OF INSURANCE	QUIF PERT POLIC	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER S S DESCRIBES PAID CLAIMS POLICY EXP	DOCUMENT WITH D HEREIN IS SU	H RESPE	O ALL	WHICH THIS	
COMMERCIAL GENERAL LIABILITY	INSD	WVD	T OLIO T NOMBLIX		(IMINI/DD/11111)	(WIW/DD/1111)	EACH OCCURREN		\$		
CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED	\$		
CEANVIS-IVIADE COUR							MED EXP (Any one		\$		
							PERSONAL & ADV				
OFAIL ACORECATE LIMIT APPLIES PER									\$		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREG		\$		
							PRODUCTS - COM	P/OP AGG	\$		
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	E LIMIT	\$		
ANY AUTO							(Ea accident) BODILY INJURY (P	ler person)	\$ 50,00	00	
OWNED SCHEDULED	OWNER CONSTRUCT			03/01/2024	03/01/2024	03/01/2025	`	. ,	\$ 100,0		
A AUTOS ONLY AUTOS NON-OWNED			606715886		00/01/2024	00/01/2020	BODILY INJURY (P				
AUTOS ONLY AUTOS ONLY							(Per accident)	-	\$ 25,00	JU	
									\$		
UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
DED RETENTION \$							DED	OTH	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)				
As further described in the policy, covered autos a to receive requests for transportation services, bu			o ,		vided the "TNC	C Driver" is logg	ed into the "UberP	artner appli	ication"	and available	
CERTIFICATE HOLDER				CANO	ELLATION						
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
1725 3RD STREET	_ ,			AUTHO	RIZED REPRESE						
SAN FRANCISCO, CA 94158 US	Melvin Cramer Or										





DATE (MM/DD/YYYY) 03/01/2024

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement	. A st	atement on
PRO	DUCE	R				CONTA NAME:	CT	,			
FAR	MER	S INSURANCE EXCHANGE				PHONE FAX (A/C, No, Ext): (A/C, No):					
6303	OWI	ENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE					
WOO	WOODLAND HILLS, CA 91367							SURER(S) AFFOR	DING COVERAGE		NAIC#
ATT	ATTN: STRATEGIC ACCOUNTS					INSURE	RA: FARMER	S INSURANCE	EXCHANGE		21652
INSU	INSURED						RB:				
		RASIER LLC, RASIER-CA LLC,				INSURE	RC:				
		RASIER-DC LLC, RASIER-PA LLC,				INSURE	RD:				
		1725 3RD STREET				INSURE	RE:				
		SAN FRANCISCO, CA 94158 USA				INSURE	RF:				
					NUMBER: SA-UBER-NV-0				REVISION NUMBER:		
IN C E	IDIC <i>A</i> ERTII	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	AT	OTHER:							COMBINED SINGLE LIMIT	\$	2 2 2 2
	AUI	OMOBILE LIABILITY ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 1,500	0,000
		OWNED SCHEDULED					03/01/2024	03/01/2025	` ' '		
Α		AUTOS ONLY AUTOS NON-OWNED			10007				PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$							NOONEONIE	\$	
		RKERS COMPENSATION							PER OTH- STATUTE ER	<u> </u>	
	ANYF	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	NI / A						E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
As fu logg	ırther ed an	rion of operations / Locations / Vehicle described in the policy, covered autos and and recorded acceptance of a request for the as further described in the this policy.	re "aı	ıtos" v	hile being used by a "TNC Dri	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPartner appli		
CE	RTIF	ICATE HOLDER				CANC	ELLATION				
RASIER LLC, RASIER-CA LLC,						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		RASIER-DC LLC, RASIER-PA LLC 1725 3RD STREET	-,			AUTHO	RIZED REPRE SE	NTATIVE			
		SAN FRANCISCO, CA 94158 USA			Malvin Coamas. Os.						





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	UBROGATION IS WAIVED, subject certificate does not confer rights to				•		•	require an endorsement	. Ast	atement on
PRODU		O tile	COIL	incate noider in ned or st	CONTA		<i>)</i> -			
	ERS INSURANCE EXCHANGE				NAME: PHONE FAX					
6303 O	WENSMOUTH AVE, 4TH FLOOR				(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:					
WOOD	LAND HILLS, CA 91367				ADDRE					
ATTN:	STRATEGIC ACCOUNTS				INSURF		S INSURANCE	E EXCHANGE		NAIC # 21652
INSURE	D				INSURE					
	RASIER LLC, RASIER-CA LLC,				INSURE					
	RASIER-DC LLC, RASIER-PA LLC,				INSURE	R D :				
	1725 3RD STREET				INSURE	RE:				
	SAN FRANCISCO, CA 94158 USA				INSURE	RF:				
				NUMBER: SA-UBER-NV-0				REVISION NUMBER:	.= = = :	
INDI CER	S IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE ITIFICATE MAY BE ISSUED OR MAY I LUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	O ALL	WHICH THIS
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
	EN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	
	POLICY PRO-								\$	
	OTHER:								\$	
А	UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO								\$	
Α	OWNED SCHEDULED AUTOS ONLY							· ' /	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
_	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
w	DED RETENTION S ORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
A	ND EMPLOYERS' LIABILITY Y / N								•	
IO OI	NYPROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
l lf ·	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
	ECONI FICH OF OF ENAMONO BELOW								\$2,500	
A BI	US AUTO DAMAGE			606715887PD		03/01/2024	03/01/2025	COLL DEDUCTIBLE	\$2,500	
As furth "UberP the fina	PTION OF OPERATIONS / LOCATIONS / VEHICL ner described in the policy, limit is the lesse artner application", provided the "TNC Drivid destination. Coverage only applies if at the C Driver as an insured or the auto driven by	r of A er" ha e time	ctual C s logg of los	Cash Value and Cost of Repair led and recorded acceptance of ss, the covered auto driven by	. A cove of a requ	red auto is a pa est for transpor	assenger "auto" tation services,	while being used by a "TNC I and is en route to the pick-up	location	n or traveling to
CERTIFICATE HOLDER					CANC	ELLATION				
CERI	II IOATE HOLDER				CANC	JELEA HON				
RASIER LLC, RASIER-CA LLC,					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	RASIER-DC LLC, RASIER-PA LLC, 1725 3RD STREET					AUTHORIZED REPRESENTATIVE				

© 1988-2016 ACORD CORPORATION, (All rights reserved.

Melvin Cramer

SAN FRANCISCO, CA 94158 USA



DATE(MM/DD/YYYY) 03/12/2024

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).								
	UCER Risk Insurance Services W Francisco CA Office	est, Inc.		H	CONTACT NAME: PHONE (A/C. No. Ext):			FAX (A/C. No.):	
425 Market Street Suite 2800 San Francisco CA 94105 USA					E-MAIL ADDRESS:				
					INSURER(S) AFFORDING COVERAGE				NAIC#
INSUR				ı	INSURER A:	Liber	ty Mutual	Fire Ins Co	23035
	er-NY LLC, Rasier LLC, er-CA LLC, Rasier-DC LLC,			1	INSURER B:				
	er-PA LLC, Rasier-MT LLC			Ī	INSURER C:				
	<mark>er-NM LLC</mark> Greenwich Street 47th FL			Ī	INSURER D:				
	York NY 10007 USA			Ī	INSURER E:				
				I	INSURER F:				
COV	ERAGES	CERTIFIC	CATE	NUMBER: 57010429369	5		RE	VISION NUMBER:	
INE CE EX	S IS TO CERTIFY THAT THE PO DICATED. NOTWITHSTANDING A RTIFICATE MAY BE ISSUED OF CLUSIONS AND CONDITIONS O	NY REQUIR R MAY PERT F SUCH POL	EMEN AIN, T ICIES	IT, TERM OR CONDITION O THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	F ANY CON D BY THE F BEEN RED	TRACT POLICIES JCED B	OR OTHER D S DESCRIBEI Y PAID CLAIM	OCUMENT WITH RESPECT TO	T TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDI INSD	SUBR	POLICY NUMBER		CY EFF D/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILIT	Υ						EACH OCCURRENCE	_

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	OTHER: AUTOMOBILE LIABILITY			AS2-665-067247-444	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY X X X X X X X X X X X X X						SODILY INJURY (Per person) \$75,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOVERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A					EACH OCCURRENCE AGGREGATE PER STATUTE OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT

As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" is "available to receive requests" for transportation services, but has not accepted any request. Uninsured / Underinsured Bodily Injury and Personal Injury Protection included as further described in the policy.

CERTIFICATE HOLDER	CANCELLATIO

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

Rasier-NY LLC, Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC, Rasier-MT LLC and Hinter-NM LLC 175 Greenwich Street 47th FL New York NY 10007 USA

Aon Rish Insurance Services West Inc.



DATE(MM/DD/YYYY) 03/12/2024

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

	GATION IS WAIVED, subjected to the subject to the s					endorsement. A state	ment on this
San Fran	Insurance Services We cisco CA Office	st, Inc.		CONTACT NAME: PHONE (A/C. No. Ext):		FAX (A/C. No.):	
425 Mark Suite 28	et Street 00			E-MAIL ADDRESS:			
San Fran	cisco CA 94105 USA				INSURER(S) AFFORDING CO	OVERAGE	NAIC #
INSURED				INSURER A:	Liberty Surplus Insur	ance Corporation	10725
	Y LLC, Rasier LLC, A LLC, Rasier-DC LLC,			INSURER B:			
Rasier-P	A LLC, Rasier-MT LLC a	nd		INSURER C:			
Hinter-N 175 Gree	<mark>M LLC</mark> nwich Street 47th FL			INSURER D:			
	NY 10007 USA			INSURER E:			
				INSURER F:			
COVERA		CERTIFICATE NUME		-		N NUMBER:	
INDICAT CERTIFI EXCLUS	TO CERTIFY THAT THE POL ED. NOTWITHSTANDING AN CATE MAY BE ISSUED OR IONS AND CONDITIONS OF	Y REQUIREMENT, TER MAY PERTAIN, THE INS SUCH POLICIES. LIMITS	M OR CONDITION (SURANCE AFFORDS	OF ANY CON ED BY THE P E BEEN REDU	TRACT OR OTHER DOCUME OLICIES DESCRIBED HERE JCED BY PAID CLAIMS.	ENT WITH RESPECT TO IN IS SUBJECT TO ALL	WHICH THIS
INSR	TYPE OF INSURANCE	ADDLI SUBRI	POLICY NUMBER		CY EFF POLICY EXP	LIMITS	

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE
-	POLICY PROJECT LOC OTHER:						PRODUCTS - COMP/OP AGG
A	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY			AS2-665-067247-454	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETTOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					EACH OCCURRENCE AGGREGATE PER STATUTE OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" has logged and recorded acceptance of a request to provide transportation services, and is en route to the pick up location or traveling from the pick-up location to the final destination. Uninsured / Underinsured Bodily Injury and Personal Injury Protection included as further described in the policy

CERTIFICATE HOLDER	CANCELLATIO
--------------------	-------------

Rasier-NY LLC, Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC, Rasier-MT LLC and Hinter-NM LLC 175 Greenwich Street 47th FL New York NY 10007 USA

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

Aon Prish Insurance Services West Inc.

\$2,500



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/12/2024

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.

SUBROGATION IS WAIVED, subject to certificate does not confer rights to the	the term	s and conditions of the po	olicy, certain pol		L INSURED provisions or uire an endorsement. A sta				
PRODUCER AON Risk Insurance Services West, San Francisco CA Office 125 Market Street	Inc.	N F (CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS:		FAX (A/C. No.):	NAIC#			
Suite 2800 San Francisco CA 94105 USA				SURER(S) AFFO	RDING COVERAGE				
NSURED Rasier-NY LLC, Rasier LLC, Rasier-CA LLC, Rasier-DC LLC,		 	INSURER A: Lib INSURER B:	erty Surplus	Insurance Corporation	10725			
Rasier-PA LLC, Rasier-MT LLC and Hinter-NM LLC Greenwich Street 47th FL New York NY 10007 USA		1	INSURER C: INSURER D:						
	TIFIO ATE	 	INSURER E: INSURER F:		EVISION NUMBER:				
					JUGUIVIEINT WITH NEOFEUT	TO WHICH THIS			
EXCLUSIONS AND CONDITIONS OF SUCH	I POLICIÉS	THE INSURANCE AFFORDEI . LIMITS SHOWN MAY HAVE	D BY THE POLICI BEEN REDUCED	ES DESCRIBE BY PAID CLAIN POLICY EXP	IS. Limits show	ALL THE TERMS			
EXCLUSIONS AND CONDITIONS OF SUCH		THE INSURANCE AFFORDEI . LIMITS SHOWN MAY HAVE	D BY THE POLICI BEEN REDUCED	ES DESCRIBE BY PAID CLAIN POLICY EXP	HEREIN IS SUBJECT TO				
EXCLUSIONS AND CONDITIONS OF SUCH	I POLICIÉS	THE INSURANCE AFFORDEI . LIMITS SHOWN MAY HAVE	D BY THE POLICI BEEN REDUCED	ES DESCRIBE BY PAID CLAIN POLICY EXP	D HEREIN IS SUBJECT TO S. Limits show LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	ALL THE TERMS			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AS2-665-067247-454

Auto Physical Damage

As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" has logged and recorded acceptance of a request to provide transportation services, and is en route to the pick up location or traveling from the pick-up location to the final destination. Uninsured / Underinsured Bodily Injury and Personal Injury Protection included as further described in the policy

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

Rasier-NY LLC, Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC, Rasier-MT LLC and Hinter-NM LLC

175 Greenwich Street 47th FL New York NY 10007 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

03/01/2024 03/01/2025 Comp Deductible

PER STATUTE

E.L. DISEASE-EA EMPLOYEE

E.L. DISEASE-POLICY LIMIT

Coll Deductible

E.L. EACH ACCIDENT

OTH

AUTHORIZED REPRESENTATIVE

Aon Prish Insurance Services West Inc.

DED

EMPLOYERS' LIABILITY

OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

RETENTION WORKERS COMPENSATION AND

ANY PROPRIETOR / PARTNER / EXECUTIVE

If yes, describe under DESCRIPTION OF OPERATIONS below

Business Auto Physical Damage



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th	•	•	•	require an endorsement	. A sta	atement on
	DUCE			J				CONTAC NAME:					
PR)GR	ESSIVE COMME	RCI4	ΔΙ				PHONE			FAX (A/C, No):		
PO	вох	94739	11017					(A/C, No E-MAIL			(A/C, NO):		
CLE	CLEVELAND, OH 44101							ADDRESS:					
													NAIC#
INICI	INSURED						INSURER A: United Financial Casualty Company 11770						
		LLC: Rasier-CA. L	LC:	Rasier-DC, LLC: F	Rasier-	PA. LI	LC; Rasier-MT, LLC;	INSURE					
Hin	ter-N	M, LLC	-,	-, -,		,	, -,	INSURE	RC:				
		d Street ncisco, CA 94158						INSURE	RD:				
Sai	ІГІА	11CISCO, CA 94 136	,					INSURE	RE:				
								INSURE	RF:				
		AGES					NUMBER:				REVISION NUMBER:		
IN C	IDIC <i>I</i> ERTI	ATED. NOTWIT FICATE MAY BI	HST E IS	ANDING ANY RE SUED OR MAY	EQUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO \	WHICH THIS
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY	INCOL	1111			((EACH OCCURRENCE	\$	
		CLAIMS-MAD	oe [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		OLAIWIO-IVIAL	,	000010							MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	051		N 41 T A	DDI IEO DED:									
	GEN	N'L AGGREGATE LII POLICY PR JE									GENERAL AGGREGATE	\$	
		·	СТ	LOC							PRODUCTS - COMP/OP AGG	\$	
	ALIT	OTHER: OMOBILE LIABILIT	~								COMBINED SINGLE LIMIT	\$	
	AUI	ANY AUTO	•								(Ea accident)	•	
		OWNED		SCHEDULED							BODILY INJURY (Per person)	\$ 50,00	
Α		AUTOS ONLY HIRED		AUTOS NON-OWNED			06279511		03/01/2024	03/01/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 100,0	00
		AUTOS ONLY	X	AUTOS ONLY							(Per accident)	\$ 25,00	0
												\$	
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE		ON \$								\$	
		RKERS COMPENSA' EMPLOYERS' LIAB									PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PART	NER/	EXECUTIVE TIN	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LUDE	D!							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPEF	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
As fu	rther	described in the polic	cv. an	insured auto is an au	ıto beir	na opera	ated by a TNC driver, but only when	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availab	le to receive
				equest through the ri									
CF	RTIF	ICATE HOLD	FR					CANC	ELLATION				
<u> </u>		.CAIL HOLD	<u>·\</u>					- CANO					
172	25 3rd	chnologies, Inc. d Street ncisco, CA 94158	3					THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
								AUTHO	RIZED REPRESE				
										6	tricial Con	5	



DATE (MM/DD/YYYY) 03/01/2024

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(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).

	is certificate does not confer rights to							require an endorsement	. A Sta	atement on
PRO	DUCER				CONTACT NAME:					
	OGRESSIVE COMMERCIAL				PHONE FAX (A/C, No, Ext): (A/C, No):					
	BOX 94739 EVELAND, OH 44101				E-MAIL ADDRES	•		1, 7		
CLL	.VELAND, 011 44 101				INSURER(S) AFFORDING COVERAGE NAIC #					NAIC#
					INSURER A: United Financial Casualty Company 11770					11770
INSU	IRED				INSURE	RB:				
	sier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; R	asier-	PA, LL	LC; Rasier-MT, LLC;	INSURE	RC:				
	<mark>ter-NM, LLC</mark> 5 3rd Street				INSURE	R D :				
Sar	r Francisco, CA 94158				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDE	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	IIVOD	WVD			(MINIOD) I I I I I	(MINI/DD/1111)	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS			06276680		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DED. OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD) 101, Additional Remarks Schedu	le, may be	attached if mor	e space is requir	ed)		
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application, has recorded acceptance in the ride-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location.									
OFFICATE HOLDER						ELLATION				
CE	RTIFICATE HOLDER				CANC	ELLATION				
172	er Technologies, Inc. 5 3rd Street 1 Francisco, CA 94158				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
					AUTHORIZED REPRESENTATIVE Batricall Corum					

AGENCY CUSTOMER ID:	
1.00 #.	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED				
PROGRESSIVE COMMERCIAL	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC					
POLICY NUMBER 06276680		1725 3rd Street San Francisco, CA 94158				
CARRIER	NAIC CODE					
United Financial Casualty Company	11770	EFFECTIVE DATE : 03/01/2024				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ____25 ___ FORM TITLE: _Certificate of Liability Insurance

Additional Coverages

 Insurance coverage(s)	Limits	Deductible
Comprehensive Collision	Actual Cash Value Actual Cash Value	\$2,500 \$2,500
Medical Payments	Included as further described in the policy	



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th				require an endorsement	. A st	atement on
_	DUCE			J				CONTAC NAME:		,			
PR	GR	ESSIVE COMME	RCIA	ΔI				PHONE			FAX (A/C, No):		
PO	вох	94739	1 (01)					(A/C, No E-MAIL			(A/C, NO):		
CLE	VEL	AND, OH 44101						ADDRES					NA10 #
										. ,	RDING COVERAGE		NAIC#
INICI	RED								RA: United Fire	nanciai Casuait	y Company		11770
		LLC; Rasier-CA, L	LC ;	Rasier-DC, LLC;	Rasie	r-PA, I	LLC; Rasier-MT, LLC;	INSURE					
		IM, LLC						INSURE	RC:				
		d Street ncisco, CA 94158						INSURE	RD:				
Oai	IIIa	1101300, 07 94 130	'					INSURER E:					
								INSURE	RF:				
		AGES					E NUMBER:				REVISION NUMBER:		
IN C	DIC/ ERTI	ATED. NOTWIT FICATE MAY BI	HST.	ANDING ANY RE SUED OR MAY	QUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HAVENT, TERM OR CONDITION THE INSURANCE AFFORDING SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF I	NSUF	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY					(,	EACH OCCURRENCE	\$	
		CLAIMS-MAD	of [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		02,0									MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	I N'L AGGREGATE LII	MIT A	DDI IES DED:							GENERAL AGGREGATE	\$	
	GLI	POLICY PR		LOC							PRODUCTS - COMP/OP AGG	\$	
		<u> </u>	CI								PRODUCTS - COMP/OP AGG	\$	
	AUT	OTHER: OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT	\$	
		ANY AUTO	-								(Ea accident) BODILY INJURY (Per person)	•	•
_		OWNED		SCHEDULED				03/01/2024		00/04/0005	BODILY INJURY (Per accident)		
Α		AUTOS ONLY HIRED	Х	AUTOS NON-OWNED			06258211		03/01/2024	03/01/2025	PROPERTY DAMAGE	\$ 100,0	
		AUTOS ONLY	_	AUTOS ONLY							(Per accident)	\$ 25.00	0
												\$	
		UMBRELLA LIAB	-	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE		ON \$							DED OTH	\$	
		RKERS COMPENSA EMPLOYERS' LIAE		Y/N							PER OTH- STATUTE ER		
		PROPRIETOR/PART ICER/MEMBER EXCL		EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LODE	J							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPEI	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIO	NS/L	LOCATIONS / VEHIC	LES (A	ACORD	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
As fu	rther o	described in the police	cy, an	insured auto is an au	ıto beir	ng opera	rated by a TNC driver, but only when	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availab	le to receive
requ	ests, t	out has not accepted	any r	equest through the ri-	de-shai	re appli	ication.						
CE	RTIF	ICATE HOLD	ER					CANC	ELLATION				
172	25 3rd	chnologies, Inc. d Street ncisco, CA 94158	3					THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
								AUTHO	RIZED REPRESEI	NTATIVE			
										6	Stried H. Corw	5	



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th ificate holder in lieu of su				require an endorsement	. A sta	atement on
PRO	DUCE	R						CONTAC NAME:	CT .				
PR	OGRE	ESSIVE COMMERC	CIAL	-				PHONE (A/C. No	Ext).		FAX (A/C, No):		
PO BOX 94739						E-MAIL ADDRESS:							
CLE	VEL	AND, OH 44101						ADDICE		URER(S) AFFOR	RDING COVERAGE		NAIC#
								INSURE	RA: United Fir	nancial Casualt	y Company		11770
INSU		10 0 . 04 11	^ F			D4 1	ILO D. : MT.ILO	INSURE	RB:				
		.LC; Rasier-CA, LLC M, LLC	C;F	Rasier-DC, LLC;	Kasie	-PA, L	LLC; Rasier-MT, LLC;	INSURE	RC:				
172	5 3rd	Street						INSURE	RD:				
San	Fran	ncisco, CA 94158						INSURE	RE:				
								INSURE	RF:				
CO	VER	AGES		CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CI	DIC/ ERTI	ATED. NOTWITH: FICATE MAY BE	STA ISS	NDING ANY RE SUED OR MAY	QUIF PERT POLI	REMEN AIN, 7 CIES. I	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO \	WHICH THIS
INSR LTR		TYPE OF INS	SURA	ANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
		COMMERCIAL GEN									EACH OCCURRENCE DAMAGE TO RENTED	\$	
		CLAIMS-MADE	L	OCCUR							PREMISES (Ea occurrence)	\$	
											MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	I'L AGGREGATE LIMI									GENERAL AGGREGATE	\$	
		POLICY PRO JECT	T	LOC							PRODUCTS - COMP/OP AGG	\$	
	AUT	OMOBILE LIABILITY									COMBINED SINGLE LIMIT	\$ 1,000.	000
		ANY AUTO									(Ea accident) BODILY INJURY (Per person)	\$,000
Α		OWNED		SCHEDULED			06278462		03/01/2024	03/01/2025	, , ,	\$	
		AUTOS ONLY HIRED	X	AUTOS NON-OWNED			00270402		03/01/2024	00/01/2020	PROPERTY DAMAGE	\$	
		AUTOS ONLY	-	AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB	丁	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	F	CLAIMS-MADE							AGGREGATE	\$	
		DED RETEN									//OONEO/ITE	\$	
		KERS COMPENSATION	ON	10							PER OTH- STATUTE ER	Ψ	
		EMPLOYERS' LIABIL PROPRIETOR/PARTNI		XECUTIVE Y/N							E.L. EACH ACCIDENT	\$	
	OFFI	CER/MEMBER EXCLU	JDED	?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under CRIPTION OF OPERA	ΔΙΤΑ	NS below							E.L. DISEASE - POLICY LIMIT	\$	
	DE0.	OTAL FIOR OF OF LIV	11101	110 bolow							2.2. 3162.162 1 62.61 2	<u> </u>	
DES	RIPT	ION OF OPERATIONS	S/L	OCATIONS / VEHIC	LES (A	CORD) 101, Additional Remarks Schedu	le, may be	attached if mor	e space is requir	ed)		
							ated by a TNC driver, but only when location or traveling from the pick-up				sured's ride-share application, has	recorded	acceptance in the
CF	RTIF	ICATE HOLDE	R					CANO	ELLATION				
<u> </u>	* 1 11	.CATE HOLDE	• •					SAI10	AIION				
172	5 3rd	chnologies, Inc. Street ncisco, CA 94158						THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		-
							ļ	AUTHOR	RIZED REPRESEI		2		
										60	tricial Con	5	

AGENCY CUSTOMER ID:	
LOC #	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY PROGRESSIVE COMMERCIAL	NAMED INSURED Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC 1725 3rd Street San Francisco, CA 94158					
POLICY NUMBER 06278462						
CARRIER	NAIC CODE					
United Financial Casualty Company	11770	EFFECTIVE DATE: 03/01/2024				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ___25 ___ FORM TITLE: _Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Comprehensive Collision	Actual Cash Value Actual Cash Value	\$2,500 \$2,500
Medical Payments	Included as further described i policy	in the



DATE(MM/DD/YYYY) 02/12/2024

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	: certific	cate nolder in lieu of such o		(S).				
PRODUCER			CONTACT NAME: PHONE					
Aon Risk Insurance Services West, I	nc.		PHONE FAX (A/C. No. Ext): (A/C. No.):					
San Francisco CA Office 425 Market Street			E-MAIL					
Suite 2800			ADDRESS:					
San Francisco CA 94105 USA			INSURER(S) AFFORDING COVERAGE					NAIC#
INSURED			INSURER A:	Liber	ty Surplus	Insurance Corporati	on	10725
Rasier LLC, Rasier-CA LLC,			INSURER B:					
Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street			INSURER C:					
San Francisco CA 94158 USA			INSURER D:					
			INSURER E:					
			INSURER F:					
COVERAGES CERT	TIFICAT	FE NUMBER: 5701039156	38		RE	VISION NUMBER:		<u> </u>
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH	QUIREMI PERTAIN POLICIE	IENT, TERM OR CONDITION I, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV	OF ANY CONT ED BY THE PO E BEEN REDU	TRACT OLICIES ICED B	OR OTHER D S DESCRIBEI Y PAID CLAIN	OCUMENT WITH RESPE O HEREIN IS SUBJECT TO	CT TO S	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SU INSD W	JBR VD POLICY NUMBER	POLIC (MM/DI	CY EFF D/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
COMMERCIAL GENERAL LIABILITY			,		,	EACH OCCURRENCE		
CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		
						MED EXP (Any one person)		
						PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		
PRO-						PRODUCTS - COMP/OP AGG		
						FRODUCTS - COMF/OF AGG		
OTHER:	\vdash	105 005 007247 514	03/01	1 /2024	03/01/2025	COMBINED SINGLE LIMIT		
A AUTOMOBILE LIABILITY		ASE-665-067247-514	03/01	1/2024	03/01/2023	(Ea accident)		
ANY AUTO						BODILY INJURY (Per person)		\$50,000
OWNED SCHEDULED						BODILY INJURY (Per accident)		\$100,000
AUTOS ONLY AUTOS						PROPERTY DAMAGE		\$25,000
HIRED AUTOS X NON-OWNED AUTOS ONLY						(Per accident)		\$23,000
								
UMBRELLA LIAB OCCUR						EACH OCCURRENCE		
EXCESS LIAB CLAIMS-MADE						AGGREGATE		
DED RETENTION								
WORKERS COMPENSATION AND						PER STATUTE OTH-		
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE						E.L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT		
DESCRIPTION OF OPERATIONS BEIOW						E.E. BIOL/IOE GEIGI EIIIII		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACOP	RD 101, Additional Remarks Schedule	e, may be attached	d if more	space is required			ged into
							le log	ged _. into
As further described in the policy, the "digital network application", but has not accepted any request. U	provid	led the "TNC Driver" is	"available lv Tniury ar	to re	ceive reque	ests" for transportat	tion s	ervices, further
described in the policy.	mmaul	ca / olluci ilisurea bouri	iy ilijuliy al	iu rei	Jonai Injui	y i locection include	Lu as	ervices, further

CERTIFICATE HOLDER CANCELLATION

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA

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

Aon Rish Insurance Services West, Inc.

ACORD

DATE(MM/DD/YYYY) 02/12/2024

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 rigi	hts to the	cer	tifica	te holder in lieu of such	endors		,			
PRODUCER					CONTAC NAME:	т				
Aon Risk Insurance Services			PHONE (A/C. No. Ext): (A/C. No.):							
San Francisco CA Office 425 Market Street					E-MAIL			(A/C. NO.):		
Suite 2800					ADDRE	SS:				1
San Francisco CA 94105 USA						INS	URER(S) AFFO	RDING COVERAGE		NAIC#
INSURED					INSUREI	RA: Libe	rty Surplus	s Insurance Corpor	ation	10725
Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC	_				INSURE	R B:				
1725 3rd Street	_				INSURE	R C:				
San Francisco CA 94158 USA					INSUREI	R D:				
					INSUREI	R E:				
					INSUREI	R F:				
COVERAGES	CER	TIFIC	CATE	NUMBER: 570103915	641		RI	EVISION NUMBER:		I.
THIS IS TO CERTIFY THAT THE F						N ISSUED TO			R THE P	OLICY PERIOD
INDICATED. NOTWITHSTANDING										
CERTIFICATE MAY BE ISSUED (EXCLUSIONS AND CONDITIONS								10		L THE TERMS, are as requested
INSR TYPE OF INSURANCE			SUBR			POLICY EFF (MM/DD/YYYY)			LIMITS	are as requested
COMMERCIAL GENERAL LIABIL	ITV	INSD	WVD	FOLICT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	LIMITS	
CLAIMS-MADE OCC								DAMAGE TO RENTED		
CLAIMS-MADE OCC	JUN							PREMISES (Ea occurrence)		
								MED EXP (Any one person)		
								PERSONAL & ADV INJURY	′	
GEN'L AGGREGATE LIMIT APPLIES P								GENERAL AGGREGATE		
POLICY JECT L	OC							PRODUCTS - COMP/OP AC	GG	
OTHER:										
A AUTOMOBILE LIABILITY				ASE-665-067247-524		03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000
ANY AUTO								BODILY INJURY (Per perso	on)	
OWNED SCHEDU	LED							BODILY INJURY (Per accide	ent)	
AUTOS ONLY AUTOS	NED							PROPERTY DAMAGE		
HIRED AUTOS X NON-OW AUTOS C								(Per accident)		
UMBRELLA LIAB OCC	UR							EACH OCCURRENCE		
EXCESS LIAB CLA	IMS-MADE							AGGREGATE		
DED RETENTION										
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER STATUTE C	OTH- ER	
ANY PROPRIETOR / PARTNER / EXECU	TIVE Y/N	 .						E.L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Щ	N/A						E.L. DISEASE-EA EMPLOY	EE	
If yes, describe under DESCRIPTION OF OPERATIONS belo	ow							E.L. DISEASE-POLICY LIMI	Т	
			<u> </u>							
DESCRIPTION OF OPERATIONS / LOCATION	NS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	ile, may be	attached if more	space is require	d)		
As turther described in the the "digital network applica	policy, ation".	CO\	/ered /ided	autos are passenger the "TNC Driver" ha	r "autos is logge	s" while be	ing used b	y a "TNC Driver" was	while lo	ogged into ovide
transportation services, and	is en	rout	te to	the pick up location	n or tr	aveling fr	om the pic	k-up location to	the fina	al
destination. Uninsured / Und	aerinsur	ea E	3001 1	y injury and Persona	li injur	y Protecti	on include	d as further desci	ribea ir	i the policy.
CERTIFICATE HOLDER				CA	NCELLA	NOITA				
					SHOULD A	ANY OF THE	ABOVE DESCR	IBED POLICIES BE CAN	CELLED B	SEFORE THE
DESCRIPTION OF OPERATIONS / LOCATION As further described in the the "digital network application services, and destination. Uninsured / Und CERTIFICATE HOLDER Rasier LLC, Rasier-C Rasier-DC LLC, Rasie 1725 3rd Street San Francisco CA 941					EXPIRATIO	N DATE THERE	OF, NOTICE W	ILL BE DELIVERED IN AC	CCORDANC	E WITH THE
					POLICY PR	UVISIONS.				
Rasier LLC, Rasier-C Rasier-DC LLC, Rasie	A LLC r-PA LIC			AUT	HORIZED R	EPRESENTATIVI	Ē			
1725_3rd Street	FO	-			_	1 6	06	CD 01	u a	-
San Francisco CA 941	58 USA			ļ	. 0	Jan History	Yn rus	nce Services W	est. Ya	••

Aon Rish Insurance Services West, Inc.

4CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/12/2024

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 th	e certific	ate holder in lieu of such					
PRODUCER			CONTACT NAME:				
Aon Risk Insurance Services West, San Francisco CA Office	Inc.		PHONE FAX (A/C. No. Ext): (A/C. No.):				
425 Market Street			E-MAIL		(A/C. NO.).		
Suite 2800			ADDRESS:				
San Francisco CA 94105 USA			INS	SURER(S) AFFO	RDING COVERAGE	NAIC #	
INSURED			INSURER A: Libe	rty Surplus	Insurance Corporation	10725	
Rasier LLC, Rasier-CA LLC,			INSURER B:				
R <mark>asier-DC LLC, Rasier-PA LLC</mark> 1725 3rd Street			INSURER C:				
San Francisco CA 94158 USA			INSURER D:				
			INSURER E:				
			INSURER F:				
COVERAGES CER	TIFICAT	E NUMBER: 5701039156	650	RE	EVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN, I POLICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAY	OF ANY CONTRACT DED BY THE POLICIE VE BEEN REDUCED E	OR OTHER DESCRIBE BY PAID CLAIM	OOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL SUE INSD WV	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE		
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)		
					MED EXP (Any one person)		
					PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE		
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG		
OTHER:							
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)		
					BODILY INJURY (Per person)		
ANY AUTO SCHEDULED					BODILY INJURY (Per accident)		
AUTOS ONLY AUTOS					PROPERTY DAMAGE		
HIRED AUTOS NON-OWNED AUTOS ONLY					(Per accident)		
UMBRELLA LIAB OCCUR	++				EACH OCCURRENCE		
					AGGREGATE		
DED RETENTION CLAIMS-MADE	-						
DED RETENTION WORKERS COMPENSATION AND	+-+				PER STATUTE OTH-		
EMPLOYERS' LIABILITY Y / N	,				l ÉR		
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT		
(Mandatory in NH) If yes, describe under	1				E.L. DISEASE-EA EMPLOYEE		
A Business Auto Physical Damage	++	ASE-665-067247-524	02 /01 /202/	103/01/2025	E.L. DISEASE-POLICY LIMIT Comp Deductible	\$2,500	
Coverage		Auto Physical Damage		103/01/2023	Coll Deductible	\$2,500 \$2,500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC As further described in the policy the "digital network application", transportation services, and is en destination. Uninsured / Underinsu			بما ملائطين المصادرة		v a "TNC Budyout" while	logged into	
CERTIFICATE HOLDER		CA	NCELLATION				
			SHOULD ANY OF THE	ABOVE DESCRI	BED POLICIES BE CANCELLED ILL BE DELIVERED IN ACCORDA	BEFORE THE	
Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LL	C	AUTI	HORIZED REPRESENTATIV	Æ			
1515 3rd Street San Francisco CA 94158 USA	_		Aon Riss	l Insuran	nce Services West	Inc.	





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to ti	ne te	rms and conditions of th	e polic	cy, certain p	olicies may	-		
	DUCER				CONTA NAME:		,			
FAR	MERS INSURANCE EXCHANGE				PHONE FAX (A/C, No, Ext): (A/C, No):					
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRESS:					
WOO	DDLAND HILLS, CA 91367									NAIG#
ATT	N: STRATEGIC ACCOUNTS				INIQUIDE		S INSURANCE	RDING COVERAGE		NAIC # 21652
INSU							10 1140010 11401	- LAOIBINOL		1.002
	RASIER LLC, RASIER-CA LLC,				INSURE					
	RASIER-DC LLC, RASIER-PA LLC,				INSURE					
	1725 3RD STREET				INSURE					
SAN FRANCISCO, CA 94158 USA				INSURE						
<u> </u>			NUMBER: SA-UBER-PA-0	PA-011-2 REVISION NUMBER:						
TI IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	OF EQUIF PERT POLI	INSUF REME AIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEE OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR TI DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$ \$	
	CENTIL ACCRECATE LIMIT APPLIES DED.									
	POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	
								PRODUCTS - COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 50,0	20
	OWNED SCHEDULED			606715808		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	
Α	AUTOS ONLY AUTOS NON-OWNED			000713000		00/01/2021	00/01/2020	\ '		
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 25,0	JU
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
As fu	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Irther described in the policy, covered autos a able to receive requests for transportation ser	ıre "aı	utos" v	while being used by a "TNC Dri	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPartner appl		
<u></u>	OTICICATE HOLDED				CANC	CELLATION				
CERTIFICATE HOLDER RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,					SHO THE ACC	EXPIRATION CORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.		
	1725 3RD STREET SAN FRANCISCO, CA 94158 USA	Α			AUTHORIZED REPRESENTATIVE Welvin Cramer Or					

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ne tei	rms and conditions of th	e polic	y, certain po	olicies may i	•		
	DUCER				CONTA NAME:		,-			
FAR	MERS INSURANCE EXCHANGE				PHONE FAX					
6303	OWENSMOUTH AVE, 4TH FLOOR				(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:					
woo	DDLAND HILLS, CA 91367									NAIC #
ITTA	N: STRATEGIC ACCOUNTS				INSURER(S) AFFORDING COVERAGE INSURER A: FARMERS INSURANCE EXCHANGE					NAIC # 21652
INSU	INSURED						0 110010 1102	- EXOTIVITOE		
	RASIER LLC, RASIER-CA LLC,				INSURE					
	RASIER-DC LLC, RASIER-PA LLC,				INSURE					
	1725 3RD STREET				INSURE					
	SAN FRANCISCO, CA 94158 USA				INSURE					
COVERAGES CERTIFICATE NUMBER: SA-UBER-PA-(INSURE	RF:		REVISION NUMBER:				
TH IN CI E)	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	OF I	NSUF REME AIN,	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	/E BEE OF AN` ED BY	Y CONTRACT THE POLICIES REDUCED BY I	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPECT O HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							OOMBINIED ONIOLE LINIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED AUTOS ONLY SCHEDULED AUTOS			606715809		03/01/2024	03/01/2025	· '/	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	14774						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
As fu	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL or their described in the policy, covered autos a ed and recorded acceptance of a request for to ded as further described in the policy.	re "au	ıtos" w	hile being used by a "TNC Dri	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPartner appli		
	TIEICATE HOLDED				CANC	YELL ATION				
OEI	RTIFICATE HOLDER RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC 1725 3RD STREET) ,			SHO THE ACC	EXPIRATION	N DATE THE TH THE POLIC NTATIVE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.	BE DE	
	SAN FRANCISCO, CA 94158 USA	١.			Melvin Cramer Or					

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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.

	SUBROGATION IS WAIVED, subjection is certificate does not confer rights							equire an endorsement	. A st	atement on
	DUCER				CONTA NAME:		,-			
FAR	RMERS INSURANCE EXCHANGE				PHONE (A/C, No, Ext): (A/C, No):					
6303	3 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRESS:					
woo	ODLAND HILLS, CA 91367									NAIC#
ATT	N: STRATEGIC ACCOUNTS				INSURE		S INSURANCE			21652
INSU	INSURED				INSURE					
	RASIER LLC, RASIER-CA LLC,				INSURE	RC:				
	RASIER-DC LLC, RASIER-PA LLC,				INSURE	RD:				
	1725 3RD STREET				INSURE	RE:				
	SAN FRANCISCO, CA 94158 USA				INSURE	RF:				
CO	VERAGES CE	RTIFI	CATE	E NUMBER: SA-UBER-PA-0)13-2			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA' XCLUSIONS AND CONDITIONS OF SUC	REQUII	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		_						MED EXP (Any one person)	\$	
		_						PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MAI	E						AGGREGATE	\$	
	DED RETENTION \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under	-						E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	BUS AUTO DAMAGE			000745		00/04/0004	00/04/000=	COMP DEDUCTIBLE	\$2,500	
Α	BUS AUTO DAIVIAGE			606715809PD		03/01/2024	03/01/2025		\$2,500	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (ACORD	101 Additional Pomarks Schodu	lo may h	o attached if mor	o enaco le roquir		\$2,500	
As fu "Ube the f	urther described in the policy, limit is the les erPartner application", provided the "TNC D final destination. Coverage only applies if at udes the TNC Driver as an insured or the au	ser of A iver" ha the time	otual (as logg e of los	Cash Value and Cost of Repair ged and recorded acceptance on ss, the covered auto driven by	. A cove of a requ the TNC	red auto is a pa est for transpor	assenger "auto" tation services,	while being used by a "TNC and is en route to the pick-up	location	n or traveling to
CE	RTIFICATE HOLDER				CANO	CELLATION				
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	1725 3RD STREET				AUTHO	RIZED REPRESE				
1725 3RD STREET SAN FRANCISCO, CA 94158 USA					Melvin Cramer Or					



DATE(MM/DD/YYYY) 02/12/2024

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							
PRODUCER AON Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street Suite 2800	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 E-MAIL ADDRESS: FAX (A/C. No.): (800) 363-0105						
San Francisco CA 94105 USA	INSURER(S) AFFORDING COVERAGE	NAIC#					
INSURED	INSURER A: Liberty Surplus Insurance Corporation	10725					
Uber Puerto Rico, LLC	INSURER B:						
Rasier LLC, Rasier-CA LLC, Rasier-DC, LLC, Rasier PA, LLC	INSURER C:						
1725 3rd Street San Francisco CA 94158 USA	INSURER D:						
	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 5701039158	82 REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA' INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO BE BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TO THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE POLICIES DESCRIPTION D	WHICH THIS THE TERMS,					

INSR	CLUSIONS AND CONDITIONS OF SUCH	_	-		POLICY EFF	POLICY EXP	Limits shown are as requested
LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	POLICY PRO- JECT LOC OTHER:						PRODUCTS - COMP/OP AGG
Α	AUTOMOBILE LIABILITY			ASE-665-067247-314	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)
	ANYAUTO						BODILY INJURY (Per person) \$50,000
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$100,000
	AUTOS ONLY HIRED AUTOS ONLY ONLY X AUTOS ONLY AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$25,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE
	EXCESS LIAB CLAIMS-MADE						AGGREGATE
	DED RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH- ER.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

Full Certificate Holder Name: Negociado de Transporte y Otros Servicios Publicos (NTSP), Edificio de Agencias Ambientales, Carr. 8838, km 6.3, San Juan, PR 00926, P.O. Box 190870, San Juan, PR 00919-0870. As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" is "available to receive requests" for transportation services, but has not accepted any request.

CERTIFICATE HOLDER	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

Negociado de Transporte y Otros Servicios Públicos (NTSP) Edificio de Agencias Ambientales Carr. 8838, km 6.3 P.O Box 190870 San Juan PR 00919-0870 USA

Aon Rish Insurance Services West Inc.

AUTHORIZED REPRESENTATIVE

DATE(MM/DD/YYYY) 02/12/2024

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.

SUBR	RTANT: If the certificate holder is COGATION IS WAIVED, subject to cate does not confer rights to the	the term	s and conditions of the	policy, c	ertain polici					
	R sk Insurance Services West, : ancisco CA Office	Inc.		CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 (A/C. No.): (800) 363-0105						
425 Mar Suite 2	rket Street 2800			E-MAIL ADDRESS:				_		
San Francisco CA 94105 USA					INSL	JRER(S) AFFO	RDING COVERAGE	NAIC#		
INSURED				INSURER	A: Liber	ty Surplus	Insurance Corporation	10725		
	uerto Rico, LLC		•	INSURER	В:					
Rasier LLC, Rasier-CA LLC, Rasier-DC, LLC, Rasier PA, LLC					INSURER C:					
1725 3r	rd Street			INSURER						
San Fra	ancisco CA 94158 USA			INSURER	E:					
				INSURER F:						
COVER	AGES CER	TIFICATE	NUMBER: 5701039158	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as reques							WHICH THIS THE TERMS,			
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE			
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)			
							MED EXP (Any one person)			
							PERSONAL & ADV INJURY			

LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
Α	AUTOMOBILE LIABILITY			ASE-665-067247-324	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	ANY AUTO						BODILY INJURY (Per person)
	OWNED SCHEDULED						BODILY INJURY (Per accident)
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	NOTOS SINET						
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE
	EXCESS LIAB CLAIMS-MADE						AGGREGATE
	DED RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH- ER
	ANY PROPRIETOR / PARTNER / EXECUTIVE						E.L. EACH ACCIDENT
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Full Certificate Holder Name: Negociado de Transporte y Otros Servicios Publicos (NTSP), Edificio de Agencias Ambientales, Carr. 8838, km 6.3, San Juan, PR 00926, P.O. Box 190870, San Juan, PR 00919-0870. As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" has logged and recorded acceptance of a request to provide transportation services, and is en route to the pick up location or traveling from the pick-up location to the final destination.

CERTIFICATE HOLDER CANCI	ELLATION
--------------------------	----------

Negociado de Transporte y Otros Servicios Públicos (NTSP) Edificio de Agencias Ambientales Carr. 8838, km 6.3 P.O Box 190870 San Juan PR 00919-0870 USA

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

Aon Rish Insurance Services West, Inc.

Certificate No: 570103915896

	\leq		Œ
ĄC		Rb	,

DATE(MM/DD/YYYY) 02/12/2024

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

	bject to the terms and conditions of the ts to the certificate holder in lieu of such			lorsement. A statem	ent on this
PRODUCER Aon Risk Insurance Services San Francisco CA Office	West, Inc.	CONTACT NAME: PHONE (A/C. No. Ext):	F	AX 4/C. No.):	
425 Market Street Suite 2800		E-MAIL ADDRESS:			
San Francisco CA 94105 USA			INSURER(S) AFFORDING COVE	RAGE	NAIC#
INSURED		INSURER A:	Liberty Surplus Insuranc	e Corporation	10725
Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC		INSURER B:			
1725 3rd Street		INSURER C:			
San Francisco CA 94158 USA		INSURER D:			
		INSURER E:			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 5701039156	67	REVISION N	UMBER:	
INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED O	OLICIES OF INSURANCE LISTED BELOW HA ANY REQUIREMENT, TERM OR CONDITION R MAY PERTAIN, THE INSURANCE AFFORD OF SUCH POLICIES. LIMITS SHOWN MAY HAV	OF ANY CON ED BY THE F	TRACT OR OTHER DOCUMENT POLICIES DESCRIBED HEREIN	WITH RESPECT TO	WHICH THIS THE TERMS,
INSR TYPE OF INSURANCE	ADDL SUBR POLICY NUMBER	POLI	CY EFF POLICY EXP	LIMITS	-

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	OTHER: AUTOMOBILE LIABILITY			ASE-665-067247-334	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS AUTOS X NON-OWNED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per person) \$50,000 BODILY INJURY (Per accident) \$100,000 PROPERTY DAMAGE (Per accident) \$25,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						EACH OCCURRENCE AGGREGATE PER STATUTE OTHER ER
	ANY PROPRIETOR / PARTINER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" is "available to receive requests" for transportation services, but has not accepted any request. Uninsured / Underinsured Bodily Injury included as further described in the policy.

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA

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

Aon Rish Insurance Services West, Inc.

DATE(MM/DD/YYYY) 02/12/2024

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

RODUCER On Risk Insurance Services West, I an Francisco CA Office 25 Market Street	nc.			CONTACT NAME: PHONE (A/C. No. E-MAIL			FAX (A/C. No.):			
uite 2800 an Francisco CA 94105 USA				ADDRES						
					INSU	JRER(S) AFFO	RDING COVERAGE	NAIC #		
SURED				INSURER		ty Surplus	Insurance Corporation	10725		
lsier LLC, Rasier-CA LLC, lsier-DC LLC, Rasier-PA LLC				INSURER B:						
25 3rd Street In Francisco CA 94158 USA				INSURER						
an Francisco CA 34130 03A				INSURER						
				INSURER						
OVERAGES CERT	FIEIC	ATE	NUMBER: 5701039156	INSURER	F:	DI	EVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECCERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH	OF IN QUIRE PERTA POLIC	ISURA MEN JIN, T CIES.	ANCE LISTED BELOW HA T, TERM OR CONDITION HE INSURANCE AFFORD LIMITS SHOWN MAY HAV	VE BEEN OF ANY DED BY T /E BEEN	CONTRACT HE POLICIES REDUCED B'	THE INSURE OR OTHER DESCRIBE Y PAID CLAIN	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	TO WHICH THIS		
SR FR TYPE OF INSURANCE	ADDL: INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED			
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)			
							MED EXP (Any one person)			
							PERSONAL & ADV INJURY			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			
OTHER:							PRODUCTS - COMP/OP AGG			
AUTOMOBILE LIABILITY			ASE-665-067247-344		03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,500,000		
ANY AUTO							BODILY INJURY (Per person)			
OWNED SCHEDULED							BODILY INJURY (Per accident)			
AUTOS ONLY HIRED AUTOS X NON-OWNED							PROPERTY DAMAGE			
ONLY AUTOS ONLY							(Per accident)			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
EXCESS LIAB CLAIMS-MADE							AGGREGATE			
DED RETENTION										
WORKERS COMPENSATION AND							PER STATUTE OTH-			
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE							E.L. EACH ACCIDENT			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE-EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT			
DESCRIPTION OF OPERATIONS BRIOW							E.E. BIOLAGE I GEIGI EIWIT			
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL s further described in the policy, ne "digital network application", ransportation services, and is en estination. Uninsured / Underinsur	cove prov	ered ided e to	autos are passenger the "TNC Driver" ha the pick up locatio	"autos' s logge n or tra	'while be d and reco aveling fr	ing used by rded acceptor on the pic	y a "TNC Driver" while tance of a request to k-up location to the f	logged into provide inal		
ERTIFICATE HOLDER			CAI	NCELLA	TION					
		S	SHOULD A	NY OF THE A		BED POLICIES BE CANCELLEI ILL BE DELIVERED IN ACCORDA				
			AUTHORIZED REPRESENTATIVE							
Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street			AUTH	HORIZED RE	PRESENTATIVE					

Aon Rish Insurance Services West, Inc.

DATE(MM/DD/YYYY) 02/12/2024

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

PRODUC	ficate does not confer rights to the ser SER isk Insurance Services West,				CONTACT NAME: PHONE (866) 282-7122 FAX (800) 362-0105						
an Fr	rancisco CA Office	11101			(A/C. No. Ext):) 283-7122	FAX (A/C. No.): (800) 363-0)105			
Suite					E-MAIL ADDRESS:			1			
San Fr	rancisco CA 94105 USA				ı	NSURER(S) AFF	ORDING COVERAGE	NAIC#			
SURED					INSURER A: Liberty Surplus Insurance Corporation 10725						
	r LLC, Rasier-CA LLC, r-DC LLC, Rasier-PA LLC				INSURER B:						
725 3	3rd Street rancisco CA 94158 USA				INSURER C:						
ali Fi	TAIICTSCO CA 94136 USA				INSURER D:						
					INSURER E:						
	RAGES CER	TIFIC	ATE	NUMBER: 5701039156	INSURER F:		REVISION NUMBER:				
THIS INDIC CERT	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	S OF IN EQUIRE PERTA	SUR. MEN IN, T	ANCE LISTED BELOW HA IT, TERM OR CONDITION THE INSURANCE AFFORD	VE BEEN ISSUED OF ANY CONTRAC ED BY THE POLIC E BEEN REDUCEL	TO THE INSUF CT OR OTHER IES DESCRIB BY PAID CLAI	RED NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO ALL IMS. Limits shown a	WHICH THIS THE TERMS,			
NSR LTR	TYPE OF INSURANCE	ADDL S INSD	SUBR WVD	POLICY NUMBER	POLICY EF (MM/DD/YYY	F POLICY EXP Y) (MM/DD/YYY)	LIMITS	•			
	COMMERCIAL GENERAL LIABILITY				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,	EACH OCCURRENCE				
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)				
	T –						MED EXP (Any one person)				
							PERSONAL & ADV INJURY				
GE	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE				
	POLICY JECT LOC						PRODUCTS - COMP/OP AGG				
	OTHER:										
AL	UTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)					
	ANYAUTO						BODILY INJURY (Per person)				
	OWNED SCHEDULED						BODILY INJURY (Per accident)				
	AUTOS ONLY HIRED AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)				
	ONLY AUTOS ONLY						(i ei accident)				
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE				
	DED RETENTION	+									
	VORKERS COMPENSATION AND						PER STATUTE OTH-				
Al	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE	TI I					E.L. EACH ACCIDENT				
(N	DFFICER/MEMBER EXCLUDED? Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE				
If D	yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT				
	Business Auto Physical Damage Coverage			ASE-665-067247-344 Auto Physical Damage		24 03/01/202	5 Comp Deductible Coll Deductible	\$2,50 \$2,50			
As fur the "d transp	PTION OF OPERATIONS / LOCATIONS / VEHIC ther described in the policy digital network application", portation services, and is er nation. Uninsured / Underinsu	rove provi	ered ided e to	autos are passenger the "TNC Driver" has the pick up location	"autos" while s logged and re n or traveling	being used corded acce from the pi	by a "TNC Driver" while lo ptance of a request to pro ck-up location to the fina	gged into vide 1			
CERTI	FICATE HOLDER			CAN	ICELLATION						
							RIBED POLICIES BE CANCELLED B WILL BE DELIVERED IN ACCORDANCE				
	Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA L 1725 3rd Street	_C		AUTH	Authorized representative Aon Rish Insurance Services West Inc.						

4CORD

DATE(MM/DD/YYYY) 02/12/2024

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.

n Risk Insurance Services West, n Francisco CA Office 5 Market Street ite 2800 n Francisco CA 94105 USA BURED Sier LLC, Rasier-CA LLC, sier-DC LLC, Rasier-PA LLC 25 3rd Street n Francisco CA 94158 USA	Inc.			CONTAC NAME: PHONE						
JRED Sier LLC, Rasier-CA LLC, Sier-DC LLC, Rasier-PA LLC Sign Street				(A/C. No. Ext): (A/C. No.):						
uRED Sier LLC, Rasier-CA LLC, Sier-DC LLC, Rasier-PA LLC 25 3rd Street				E-MAIL ADDRES			(**************************************			
sier LLC, Rasier-CA LLC, sier-DC LLC, Rasier-PA LLC 25 3rd Street				ADDRES	-	JRER(S) AFFOI	RDING COVERAGE	NAIC #		
sier LLC, Rasier-CA LLC, sier-DC LLC, Rasier-PA LLC 25 3rd Street				INSUREF		. ,	Insurance Corporation	10725		
25 3rd Street				INSURER		cy Surpius	This are corporation	10723		
				INSURER C:						
				INSUREF						
				INSURER E:						
				INSUREF	R F:					
OVERAGES CE	RTIFIC	CATE	NUMBER: 570103915	705		RE	VISION NUMBER:	<u>I</u>		
THIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY F	EQUIR	EMEN	IT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER D	OCUMENT WITH RESPECT	TO WHICH THIS		
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	H POL	ICIES.	. LIMITS SHOWN MAY HA	NE BEEN	REDUCED B	Y PAID CLAIN		nare as requested		
TYPE OF INSURANCE	INSD	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED			
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)			
	_						MED EXP (Any one person)			
	_						PERSONAL & ADV INJURY			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			
OTHER:							PRODUCTS - COMP/OP AGG			
AUTOMOBILE LIABILITY			ASE-665-067247-354		03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)			
ANYAUTO							BODILY INJURY (Per person)	\$50,000		
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$100,000		
AUTOS ONLY HIRED AUTOS X NON-OWNED							PROPERTY DAMAGE (Per accident)	\$50,000		
ONLY AUTOS ONLY							(Fel accident)			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
EXCESS LIAB CLAIMS-MAD	=						AGGREGATE			
DED RETENTION										
WORKERS COMPENSATION AND							PER STATUTE OTH- ER			
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE							E.L. EACH ACCIDENT			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE-EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT			
DESCRIPTION OF ENGINEERS SOON										
								logged into n services,		
		vered vided sured	l Bodily Injury inclu							
further described in the polic e "digital network application" t has not accepted any request.		vered vided sured			ATION					
ESCRIPTION OF OPERATIONS / LOCATIONS / VEH s further described in the polic ne "digital network application" ut has not accepted any request.		verec video surec	CA	NCELLA SHOULD A	NY OF THE A		BED POLICIES BE CANCELLED LL BE DELIVERED IN ACCORDAN	BEFORE THE		
s further described in the polic ne "digital network application" nt has not accepted any request.	y, cov , prov Unins	verec videc surec	CA	SHOULD A EXPIRATION POLICY PRO	NY OF THE A	OF, NOTICE W		BEFORE THE		

Aon Rish Insurance Services West, Inc.

DATE(MM/DD/YYYY) 02/12/2024

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.

PRODUCER	CONTACT NAME:
Aon Risk Insurance Services West, Inc. San Francisco CA Office	PHONE
125 Market Street	E-MAIL ADDRESS:
Suite 2800 San Francisco CA 94105 USA	
	INSURER(S) AFFORDING COVERAGE NAIC #
NSURED Rasier LLC, Rasier-CA LLC,	INSURER A: Liberty Surplus Insurance Corporation 10725
Rasier-DC LLC, Rasier-PA LLC	INSURER B: INSURER C:
L725 3rd Street San Francisco CA 94158 USA	INSURER D:
	INSURER E:
	INSURER F:
COVERAGES CERTIFICATE NUMB	<u></u>
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERI	STED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS JRANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as request
NSR TYPE OF INSURANCE ADDLI SUBRI INSD WVD	POLICY NUMBER POLICY EFF POLICY EXP LIMITS POLICY NUMBER POLICY EXP POL
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE
CLAIMS-MADE OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)
	MED EXP (Any one person)
	PERSONAL & ADV INJURY
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE
JECT LOC	PRODUCTS - COMP/OP AGG
OTHER: A AUTOMOBILE LIABILITY ASE-66	5-067247-364 03/01/2024 03/01/2025 COMBINED SINGLE LIMIT #1 000 0
AUTOMOBILE LIABILITY	(Ea accident) \$1,000,0
ANY AUTO	BODILY INJURY (Per person)
OWNED SCHEDULED AUTOS ONLY	BODILY INJURY (Per accident) PROPERTY DAMAGE
HIRED AUTOS X NON-OWNED AUTOS ONLY	(Per accident)
UMBRELLA LIAB OCCUR	EACH OCCURRENCE
EXCESS LIAB CLAIMS-MADE	AGGREGATE
DED RETENTION WORKERS COMPENSATION AND	PER STATUTE OTH-
EMPLOYERS' LIABILITY Y/N	l ler
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
DESCRIPTION OF OPERATIONS DRIOW	L.L. DICEAGET OF LIVET
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additions of Surthern described in the policy covered autos	onal Remarks Schedule, may be attached if more space is required) are passenger "autos" while being used by a "TNC Driver" while logged into
the "digital network application", provided the "	INC Driver" has logged and recorded acceptance of a request to provide
cransportation services, and is en route to the p destination. Uninsured Bodily Injury included as	ick up location or traveling from the pick-up location to the final further described in the policy.
, , ,	
CERTIFICATE HOLDER	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.
Rasier LLC, Rasier-CA LLC	AUTHORIZED REPRESENTATIVE
Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street	Aon Rish Insurance Services West Inc.

DATE(MM/DD/YYYY) 02/12/2024

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.

RODUC					CONTAC NAME: PHONE	т					
	sk Insurance Services West,	Inc.			PHONE (A/C. No	Evt). (866) 2	283-7122	FAX (A/C. No.): (800) 363-	-0105		
5 Ma	ancisco CA Office rket Street				F-MAII			[(A/C. NO.).			
	2800 ancisco CA 94105 USA				ADDRE	SS:					
	u					INS	URER(S) AFFOI	RDING COVERAGE	NAIC #		
URED					INSURE	RA: Liber	rty Surplus	Insurance Corporation	10725		
sier	LLC, Rasier-CA LLC, -DC LLC, Rasier-PA LLC				INSURER B:						
25 3	rd Street				INSURER C:						
n Fr	ancisco CA 94158 USA				INSURE	R D:					
					INSURE	R E:					
					INSURE	R F:					
VE	RAGES CER	TIFIC	ATE	NUMBER: 57010391	5722		RE	EVISION NUMBER:			
	IS TO CERTIFY THAT THE POLICIES										
ERT	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I	PERTA	AIN, T	HE INSURANCE AFFOR	RDED BY	THE POLICIES	S DESCRIBE	D HEREIN IS SUBJECT TO AL	L THE TERMS,		
XCL	USIONS AND CONDITIONS OF SUCH	I POLI	CIES.	LIMITS SHOWN MAY H	AVE BEEN	REDUCED B	Y PAID CLAIN		are as requested		
R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	1	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)			
								MED EXP (Any one person)			
							PERSONAL & ADV INJURY				
GE	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE					
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG			
	OTHER:										
ΑL	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT			
	7							(Ea accident) BODILY INJURY (Per person)			
	ANY AUTO SCHEDULED							BODILY INJURY (Per accident)			
	OWINED							PROPERTY DAMAGE			
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY							(Per accident)			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE			
	DED RETENTION										
	ORKERS COMPENSATION AND							PER STATUTE OTH-			
Al	MPLOYERS' LIABILITY NY PROPRIETOR / PARTNER / EXECUTIVE							E.L. EACH ACCIDENT			
(N	FFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE-EA EMPLOYEE			
İf	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT			
В	usiness Auto Physical Damage			ASE-665-067247-364		03/01/2024	03/01/2025	Comprehensive Deduct	\$2,500		
C	overage							Collision Deductible	\$2,500		
fur dunsp	TION OF OPERATIONS / LOCATIONS / VEHICI ther described in the policy igital network application", ortation services, and is en ation. Uninsured Bodily Inju	, cov prov rout	ered ided e to	autos are passenge the "TNC Driver" h the pick up locati	er "autos nas logge ion or ti	s" while be ed and reco raveling fr	ing used by rded accept om the pic	y a "TNC Driver" while l tance of a request to pr	ogged into ovide aal		
RTI	FICATE HOLDER			C	ANCELLA	ATION					
						N DATE THERE		BED POLICIES BE CANCELLED ILL BE DELIVERED IN ACCORDANG			
Rasier LLC, Rasier-CA LLC					AUTHORIZED REPRESENTATIVE						
	Rasier-DC LLC, Rasier-PA LL 1725 3rd Street	_			_	1 6X	00	CO OUC O	7		
	San Francisco CA 94158 USA				Son Rick Insurance Services West Inc						

Aon Rish Insurance Services West, Inc.





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							require an endorsement	. A st	atement on	
PRO	DUCER				CONTA NAME:	СТ	•				
FAR	MERS INSURANCE EXCHANGE				PHONE (A/C, No	. Evtl.		FAX (A/C, No):			
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE			(A0, NO).			
WOO	DDLAND HILLS, CA 91367				ADDICE		SURFR(S) AFFOR	RDING COVERAGE		NAIC#	
ITTA	N: STRATEGIC ACCOUNTS				INSURE		RS INSURANCE			21652	
INSU	RED				INSURE						
	RASIER LLC, RASIER-CA LLC,				INSURE	RC:					
	RASIER-DC LLC, RASIER-PA LLC,				INSURER D:						
	1725 3RD STREET				INSURER E :						
	SAN FRANCISCO, CA 94158 USA				INSURER F:						
CO	VERAGES CER	RTIFI	CATE	E NUMBER: SD-UBER-RAS	IER-PE	RIOD1		REVISION NUMBER:			
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIE: DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CEANING-WADE COCON							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY						(Ea accident)	\$ 50.00	20		
	ANY AUTO OWNED SCHEDULED			606745064		03/01/2024	03/01/2025	BODILY INJURY (Per person)	\$ 50,00		
Α	AUTOS ONLY HIRED AUTOS NON-OWNED			606715861		03/01/2024	03/01/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 100,0		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ 25,00	00	
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE) 101, Additional Remarks Schedu	le, may b	e attached if mor	re space is require	ed)			
As fu	urther described in the policy, covered autos ceive requests for transportation services, bu	are "aı	utos" v	while being used by a "TNC Dri	ver", pro	vided the "TNC	C Driver" is logg	ed into the "UberPartner appli			
CEI	RTIFICATE HOLDER				CANO	CELLATION					
<i>-</i> •	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL	.C,			SHO THE ACC	OULD ANY OF EXPIRATION CORDANCE WI	THE ABOVE D N DATE THI ITH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.			
	1725 3RD STREET				AUTHO	RIZED REPRE SE					
	SAN FRANCISCO, CA 94158 US	Α			Melvin Cramer Or.						

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights t				uch en	dorsement(s		require an endorsement	. A st	atement on
PRO	DUCE	ER .				CONTA NAME:	СТ				
FAR	MER	S INSURANCE EXCHANGE				PHONE (A/C, No	p. Ext):		FAX (A/C, No):		
6303	3 OW	ENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	SS:				
WO	ODLA	AND HILLS, CA 91367						SURER(S) AFFOR	RDING COVERAGE		NAIC#
ATT	N: ST	FRATEGIC ACCOUNTS				INSURE		S INSURANCE			21652
INSL	IRED					INSURE	RB:				
		RASIER LLC, RASIER-CA LLC,				INSURE	RC:				
		RASIER-DC LLC, RASIER-PA LLC,				INSURER D:					
		1725 3RD STREET				INSURER E :					
		SAN FRANCISCO, CA 94158 USA				INSURE					
_		RAGES CER IS TO CERTIFY THAT THE POLICIES			NUMBER: SD-UBER-RAS				REVISION NUMBER:	IE DOI	ICV PERIOR
IN C E	IDICA ERTI XCLU	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:								\$	
	AUT	TOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000		
		ANY AUTO							BODILY INJURY (Per person)	\$	
Α		OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED			606715862		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
		AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	WOF	DED RETENTION \$							PER OTH- STATUTE ER	\$	
	AND	PROPRIETOR/PARTNER/EXECUTIVE Y / N								•	
	OFF	ICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If yes	s, describe under							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
	DES	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	φ	
As for	urthei recor	rION OF OPERATIONS / LOCATIONS / VEHICI r described in the policy, covered autos a rded acceptance of a request for transpor as further described in the policy.	re "au	ıtos" v	hile being used by a "TNC Dri	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPartner appl		
<u> </u>	DTIE	TICATE LIQUEDED				CANG	SELLATION.				
CE	KIII	FICATE HOLDER				CANC	ELLATION				
		RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC	C ,			THE ACC	EXPIRATION ORDANCE WI	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		
		1725 3RD STREET SAN FRANCISCO, CA 94158 USA	A			Melvin Cramer Or.					





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to				uch en	dorsement(s		require an endorsemen	t. A st	atement on
	DUCER				CONTA NAME:	СТ				
	MERS INSURANCE EXCHANGE				PHONE (A/C, No	o, Ext):		FAX (A/C, No):		
	3 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	SS:				
WOO	DDLAND HILLS, CA 91367							DING COVERAGE		NAIC#
ATT	N: STRATEGIC ACCOUNTS				INSURE	RA: FARMER	S INSURANCE	EXCHANGE		21652
INSU					INSURE	RB:				
	RASIER LLC, RASIER-CA LLC,				INSURE	RC:				
	RASIER-DC LLC, RASIER-PA LLC,				INSURER D :					
	1725 3RD STREET				INSURER E :					
	SAN FRANCISCO, CA 94158 USA				INSURE	RF:				
				NUMBER: SD-UBER-RAS				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS AUT							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
								0040 050 1070 5		
A	BUS AUTO DAMAGE			606715862PD		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2,500	
								COLL DEDUCTIBLE	\$2,500	
As fu "Ube the f	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI urther described in the policy, limit is the lesse erPartner application", provided the "TNC Drive inal destination. Coverage only applies if at th TNC Driver as an insured or the auto driven by	r of A er" ha e time	ctual (s logg e of los	Cash Value and Cost of Repair ged and recorded acceptance on the covered auto driven by	. A cove of a requ	red auto is a pa est for transport	assenger "auto" tation services,	while being used by a "TNC and is en route to the pick-u	locatio	n or traveling to
CE	RTIFICATE HOLDED				CANC	ELLATION				
<u>OL</u>	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,					ULD ANY OF T EXPIRATION ORDANCE WI	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
	1725 3RD STREET				AUTHORIZED REPRESENTATIVE					
	SAN FRANCISCO, CA 94158 USA	A			Melvin Cramer Or.					



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th				require an endorsement	. A st	atement on
_	DUCE			J				CONTAC NAME:		,			
PR)GR	ESSIVE COMME	RCIA	ΔΙ				PHONE			FAX (A/C, No):		
		(94739	101/					(A/C, No E-MAIL			(A/C, NO):		
CLE	VEL	AND, OH 44101						ADDRES					1110 "
											RDING COVERAGE		NAIC#
INICI	RED								RA: United Fire	nancial Casualt	y Company		11770
		LLC; Rasier-CA, L	LC;	Rasier-DC, LLC; F	Rasier-	PA, LI	LC; Rasier-MT, LLC;	INSURE					
Hin	ter-N	IM, LLC						INSURER C:					
		d Street ncisco, CA 94158						INSURER D:					
Sai	ГГІА	11CISCO, CA 94 136	,					INSURER E :					
								INSURER F:					
		AGES					NUMBER:				REVISION NUMBER:		
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE I EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMIT						REMEI AIN, CIES.	THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF II	NSUR	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY					(,	EACH OCCURRENCE	\$	
		CLAIMS-MAD	of [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		02,									MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:			DDI IES DED:							GENERAL AGGREGATE	\$	
	GLI	POLICY PR		LOC							PRODUCTS - COMP/OP AGG	\$	
		·	CI								PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY										COMBINED SINGLE LIMIT	\$	
	ANY AUTO									(Ea accident) BODILY INJURY (Per person)	•	•	
_			SCHEDULED							BODILY INJURY (Per accident)			
Α		AUTOS ONLY HIRED	Х	AUTOS NON-OWNED			01233619		03/01/2024	03/01/2025	PROPERTY DAMAGE	\$ 100,0	
		AUTOS ONLY	_	AUTOS ONLY							(Per accident)	\$ 25.00	0
												\$	
		UMBRELLA LIAB	-	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE	-						AGGREGATE	\$	
		DED RETE		ON \$							DED OTH	\$	
		RKERS COMPENSA' EMPLOYERS' LIAB		Y/N							PER OTH- STATUTE ER		
		PROPRIETOR/PART ICER/MEMBER EXCL		EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LODE	J							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPER	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIO	NS/L	LOCATIONS / VEHIC	LES (A	ACORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
As fu	rther o	described in the polic	cy, an	insured auto is an au	ıto beir	ng opera	rated by a TNC driver, but only when	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availab	le to receive
requ	ests, b	out has not accepted	any r	equest through the ri-	de-shai	re appli	ication.						
CE	RTIF	ICATE HOLD	ER					CANC	ELLATION				
172	25 3rd	chnologies, Inc. d Street ncisco, CA 94158	3					THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
								AUTHO	RIZED REPRESEI	NTATIVE			
								Catriciath Corwin					



DATE (MM/DD/YYYY) 03/01/2024

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.

						erms and conditions of th tificate holder in lieu of su				require an endorsement	. A st	atement on
PRO	DUCE	R					CONTAC NAME:	CT				
PRO	OGRE	ESSIVE COMMERC	CIAL				PHONE (A/C, No	Fxt).		FAX (A/C, No):		
		94739					E-MAIL ADDRES	•		1 (2 - 3, 112)		
CLE	VEL	AND, OH 44101					ADDICE		URER(S) AFFOR	RDING COVERAGE		NAIC#
							INSURE	RA: United Fi	nancial Casualt	y Company		11770
INSU		LC: Rasier-CA LLC	: Rasier-DC 110	· Rasiei	-ΡΔ ΙΙ	LC; Rasier-MT, LLC;	INSURER B:					
Hint	er-NI	M, LLC), 143101-DO, LEC	, rasici	-i / L	LO, Nasioi-WT, LLO,	INSURE	RC:				
		Street ncisco. CA 94158					INSURER D:					
Jai	ı ıaı	ICISCO, CA 94 130					INSURE	RE:				
							INSURE	RF:				
		AGES				E NUMBER:	VE DEE	N ICCUED TO		REVISION NUMBER:	IE DOI	ICV DEDIOD
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR COND CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY							OF ANY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF INS	URANCE		L SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	CLAIMS MADE OCCUP									EACH OCCURRENCE DAMAGE TO RENTED	\$	
		CLAIMS-MADE	OCCUR							PREMISES (Ea occurrence)	\$	
				-						MED EXP (Any one person)	\$	
	OFAIL ACCRECATE LIMIT APPLIES PER			-						PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC									GENERAL AGGREGATE	\$	
										PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	000
		ANY AUTO								BODILY INJURY (Per person)	\$,000
Α		OWNED AUTOS ONLY	SCHEDULED AUTOS			01232442		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
		HIRED X								PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONET	AUTOS ONET							(i or doordont)	\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MA	DE						AGGREGATE	\$	
		DED RETENT	TION \$								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILI	ITV							PER OTH- STATUTE ER		
	ANYF	PROPRIETOR/PARTNE CER/MEMBER EXCLUD	R/EXECUTIVE	<u> </u>						E.L. EACH ACCIDENT	\$	
	(Man	idatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERA	TIONS below		1					E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIONS	/ LOCATIONS / VE	HICLES	ACORE	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)		
						rated by a TNC driver, but only when location or traveling from the pick-up				sured's ride-share application, has	recorded	acceptance in the
CFI	RTIF	ICATE HOLDER	₹				CANC	ELLATION				
			-									
172	5 3rd	chnologies, Inc. Street ncisco, CA 94158					THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		-
							AUTHO	RIZED REPRESE		2		
							Catrical Corwin					

AGENCY CUSTOMER ID:	
1.00 #	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC						
PROGRESSIVE COMMERCIAL							
POLICY NUMBER	1725 3rd Street San Francisco, CA 94158						
01232442							
CARRIER	NAIC CODE						
United Financial Casualty Company	EFFECTIVE DATE: 03/01/2024						

ADDITIONAL I	REN	ΛAI	RK	S
--------------	-----	-----	----	---

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ___25 ___ FORM TITLE: _Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Comprehension Collision	Actual Cash Value Actual Cash Value	\$2,500 \$2,500
Medical Payments	Included as further described in the policy	in



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th	•	•	•	require an endorsement	. A st	atement on
PRO	DUCE	:R						CONTAC NAME:	СТ				
PR)GR	ESSIVE COMME	RCI4	ΔΙ				PHONE			FAX (A/C, No):		
PO BOX 94739								É-MAIL					
CLE	VEL	AND, OH 44101						ADDRESS:					
											RDING COVERAGE		NAIC#
								INSURE	RA: United Fire	nancial Casualt	y Company		11770
	RED sier. l	LLC: Rasier-CA. L	LC:	Rasier-DC. LLC:	Rasie	r-PA. I	LLC; Rasier-MT, LLC;	INSURE	RB:				
Hin	ter-N	M, LLC	- ,	-, -,		,	, -,	INSURE	RC:				
		d Street ncisco, CA 94158	,					INSURE	RD:				
Sai	ГГІА	11CISCO, CA 94 136)					INSURE	RE:				
								INSURE	RF:				
		AGES					NUMBER:				REVISION NUMBER:		
IN C	DIC/ ERTI	ATED. NOTWIT FICATE MAY BI	HST E IS	ANDING ANY RE SUED OR MAY	EQUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NER	AL LIABILITY					,	,	EACH OCCURRENCE	\$	
		CLAIMS-MAD	of [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		02,									MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	CEN	I N'L AGGREGATE LII	MIT A	DDI IES DED:							GENERAL AGGREGATE	\$	
	GEI	POLICY PR		LOC									
		·	:C1								PRODUCTS - COMP/OP AGG	\$	
	ΔΙΙΤ	OTHER: OMOBILE LIABILIT	·v								COMBINED SINGLE LIMIT	\$	
	ΑΟ.	ANY AUTO	•								(Ea accident) BODILY INJURY (Per person)	•	
		OWNED		SCHEDULED							, , ,	\$ 50.00	
Α		AUTOS ONLY HIRED	_	AUTOS NON-OWNED			06250137		03/01/2024	03/01/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 100.0	00
		AUTOS ONLY	X	AUTOS ONLY							(Per accident)	\$ 25.00	0
			Щ									\$	
		UMBRELLA LIAB	-	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE		ON \$							DED. OTH	\$	
		RKERS COMPENSA' EMPLOYERS' LIAB		(v.n.							PER OTH- STATUTE ER		
		PROPRIETOR/PART			N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LUDE	D:							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPEF	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	ION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
As fi	rther (described in the polic	cv an	insured auto is an au	ıto beir	na opera	rated by a TNC driver, but only when	the TNC	driver is logged o	n to the named in	sured's ride-share application and	is availah	ale to receive
				equest through the ri					ao. io ioggou o		ourou o mao omaro apprioation ama	io avanas	
CE	2715	ICATE HOLD	FP					CANC	ELLATION				
OL	X 1 11	IOATE HOLD						CANC	LLLATION				
172	25 3rd	chnologies, Inc. d Street ncisco, CA 94158	3					THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		
								AUTHO	RIZED REPRESEI				_
										6	tricial Con	5	



DATE (MM/DD/YYYY) 03/01/2024

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.

							rms and conditions of th ificate holder in lieu of su				require an endorsement	. A sta	atement on
PRO	DUCE	R						CONTAC NAME:	CT .				
PROGRESSIVE COMMERCIAL								PHONE (A/C, No, Ext): FAX (A/C, No):					
PO BOX 94739								ADDRESS:					
CLEVELAND, OH 44101								ADDICE		URER(S) AFFOR	RDING COVERAGE		NAIC#
								INSURE	RA: United Fir	nancial Casualt	y Company		11770
INSU		LC: Rasier-CA III	C: F	Rasier-DC IIC · F	Rasier.	-PA II	LC; Rasier-MT, LLC;	INSURE	RB:				
Hint	er-NI	M, LLC	.0, 1	Rusici-Bo, LLO , I	(asici	-1 / L	20, 143,61-1111, 220,	INSURE	RC:				
		Street ncisco. CA 94158						INSURE					
Jai	ı ıaı	ICISCO, CA 94 130						INSURE	RE:				
								INSURE	RF:				
		AGES	1147				NUMBER:	/C DCC!	U ICCUED TO		REVISION NUMBER:	IE DOI	IOV DEDIOD
IN CI E)	DIC/ ERTI	ATED. NOTWITH FICATE MAY BE	IST/	Anding any re Sued or may	QUIF PERT POLI	REMENTAIN, TOTAL	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO \	WHICH THIS
INSR LTR		TYPE OF IN	SUR	ANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GEN									EACH OCCURRENCE DAMAGE TO RENTED	\$	
		CLAIMS-MADE	= L	OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	"L AGGREGATE LIM	IT A	DDI IES DED:							GENERAL AGGREGATE	\$	
	GLI	POLICY PROJECT		LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:	. 1								TROBUCTO - GOINI FOT AGG	\$	
	AUT	OMOBILE LIABILITY	,								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000.	.000
		ANY AUTO									BODILY INJURY (Per person)	\$	
Α		OWNED AUTOS ONLY		SCHEDULED AUTOS			06250080		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$	
			X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		7.0100 GNET		NOTOS ONET							(\$	
		UMBRELLA LIAB	T	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETEN	NTIO	N\$								\$	
		RKERS COMPENSATI EMPLOYERS' LIABIL									PER OTH- STATUTE ER		
	ANYF	PROPRIETOR/PARTN CER/MEMBER EXCLU	IER/E	EXECUTIVE Y/N	N/A						E.L. EACH ACCIDENT	\$	
	(Man	idatory in NH)	JULL	,							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERA	ATIO	NS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	RIPT	ION OF OPERATION	S/I	OCATIONS / VEHIC	IFS (A	CORD	D 101, Additional Remarks Schedu	le, may be	attached if mor	e space is requir	red)		
As fu	rther c	described in the policy	, an i	insured auto is an au	to bein	g opera	ated by a TNC driver, but only when location or traveling from the pick-up	the TNC	driver is logged or	n to the named in:	·	recorded	acceptance in the
nue-s	ilale (application of a reques	sı, aı	id is either travelling t	o trie p	ick-up i	location of travelling from the pick-up	Diocation	to the ilital destilla	ation location.			
)T:-	TOATE HOLDE	<u></u>					04110	TILATION				
CE	KIIF	ICATE HOLDE	ĸ				1	CANC	ELLATION				
172	5 3rd	chnologies, Inc. Street ncisco, CA 94158						THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		-
								AUTHOR	RIZED REPRESEI		2	_	
										to	tricial Con	- Son	

AGENCY CUSTOMER ID:	
1.00 #.	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED					
PROGRESSIVE COMMERCIAL	Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC					
POLICY NUMBER 06250080	1725 3rd Street San Francisco, CA 94158					
CARRIER	NAIC CODE					
United Financial Casualty Company	EFFECTIVE DATE: 03/01/2024					

ADDITIONAL	REMARKS
-------------------	---------

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ___25 ___ FORM TITLE: _Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits	Deductible
Comprehensive Collision	Actual Cash Value Actual Cash Value	\$2,500 \$2,500
Medical Payments	Included as further described in policy	n the





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

this certificate does not confer rights			rms and conditions of the ificate holder in lieu of si				require an endorsement	. A st	atement on	
PRODUCER				CONTA NAME:	СТ	,				
FARMERS INSURANCE EXCHANGE				PHONE (A/C, No	Evt).		FAX (A/C, No):			
6303 OWENSMOUTH AVE, 4TH FLOOR	F-MAII			(A0, NO).						
WOODLAND HILLS, CA 91367				ADDILL	ÄDDRESS: INSURER(S) AFFORDING COVERAGE					
ATTN: STRATEGIC ACCOUNTS				INSURE		RS INSURANCE			NAIC # 21652	
INSURED				INSURE						
RASIER LLC, RASIER-CA LLC,				INSURE	RC:					
RASIER-DC LLC, RASIER-PA LLC,				INSURE	RD:					
1725 3RD STREET				INSURE	RE:					
SAN FRANCISCO, CA 94158 USA				INSURE	RF:					
COVERAGES CER	RTIFIC	CATE	NUMBER: UT-UBER-RAIS	SER-PER	RIOD1		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
OTHER:							COMPINED CINICIE LIMIT	\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO OWNED SCHEDULED			000745000		00/04/0004	00/04/0005	BODILY INJURY (Per person)	\$ 50,00		
A AUTOS ONLY AUTOS			606715906		03/01/2024	03/01/2025	,	\$ 100,0		
HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 30,00	00	
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION	-						PER OTH	\$		
AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD) 101. Additional Remarks Schedu	le. mav b	e attached if mor	e space is requir	 ed)			
As further described in the policy, covered autos a to receive requests for transportation services, but	are "au	utos" v	vhile being used by a "TNC Dri	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPartner appli		and available	
CERTIFICATE HOLDER				CANC	ELLATION					
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.						
1725 3RD STREET	J ,			AUTHO	RIZED REPRE SE	NTATIVE				
SAN FRANCISCO, CA 94158 US	A					Malin	n Cramer O	۸.		

© 1988-2016 ACORD CORPORATION. All rights reserved.





DATE (MM/DD/YYYY) 03/01/2024

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.

	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	ne te	rms and conditions of th	e poli	cy, certain po	olicies may i				
	DUCE					CONTA		,-				
		S INSURANCE EXCHANGE				NAME: PHONE				FAX		
6303	OW	ENSMOUTH AVE, 4TH FLOOR				PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:						
woo	DLA	ND HILLS, CA 91367				ADDRE						
ATTI	N: ST	RATEGIC ACCOUNTS					RA: FARMER	S INSURANCE	EXCHANGE			NAIC # 21652
INSU								0 111001 0 11102	LACTIVITIES L			
		RASIER LLC, RASIER-CA LLC,				INSURE						
		RASIER-DC LLC, RASIER-PA LLC,				INSURE						
		1725 3RD STREET				INSURE						
		SAN FRANCISCO, CA 94158 USA				INSURE						
		,	TIFI	- A T	NUMBER: UT-UBER-RAIS	INSURE			DEVIOLON NUM	ADED:		
		AGES CER S TO CERTIFY THAT THE POLICIES							REVISION NUN		JE DOI	ICV DEDIOD
IN CI E)	DIC/ ERTI	ATED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY I ISIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUI	H RESPECT TO	OT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		\$	
		CLAIMS-MADE OCCUR							PREMISES (Ea occu	urrence)	\$	
									MED EXP (Any one	person)	\$	
									PERSONAL & ADV I	INJURY	\$	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
		OTHER:							COMBINED SINGLE	LIMIT	\$	
	AUI	OMOBILE LIABILITY ANY AUTO							COMBINED SINGLE (Ea accident)	I	\$ 1,00	0,000
		OWNED SCHEDULED			606715907		03/01/2024	03/01/2025	BODILY INJURY (Pe		\$	
Α		AUTOS ONLY HIRED AUTOS NON-OWNED			0007 13907		03/01/2024	03/01/2023	BODILY INJURY (PE	· / I	\$	
		AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)	,_	\$	
											\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	WOF	DED RETENTION \$ KERS COMPENSATION							PER	OTH-	\$	
	AND	EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER		
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	TV	\$	
		datory in NH)							E.L. DISEASE - EA E	EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
As fu	ırther ed an	ion of operations / Locations / VEHICL described in the policy, covered autos a d recorded acceptance of a request for t Bodily Injury included as further describ	re "au ransp	utos" v ortatio	while being used by a "TNC Dri on services, and is en route to t	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPa			
CE	OTIF	ICATE HOLDER				CANO	ELLATION					
CEI	VIII	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC				SHC	OULD ANY OF T	I DATE THE	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
		1725 3RD STREET	,			AUTHO	RIZED REPRE SE I	NTATIVE				
		SAN FRANCISCO, CA 94158 USA				Molivin Coamas, Os.						





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights t				-		-	require an endorsement	. Ast	atement on	
PRODUCER	O tile (Certii	ilicate fiolider in fled of 30	CONTA).				
FARMERS INSURANCE EXCHANGE					NAME: PHONE FAX					
6303 OWENSMOUTH AVE, 4TH FLOOR					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:					
WOODLAND HILLS, CA 91367				ADDRE			NO. 110 A CO. 150 A C. 5			
ATTN: STRATEGIC ACCOUNTS					INSURER(S) AFFORDING COVERAGE INSURER A: FARMERS INSURANCE EXCHANGE				NAIC # 21652	
INSURED					INSURER B:					
RASIER LLC, RASIER-CA LLC,					INSURER C:					
RASIER-DC LLC, RASIER-PA LLC,					INSURER D:					
1725 3RD STREET					INSURER E :					
SAN FRANCISCO, CA 94158 USA					INSURER F:					
COVERAGES CERTIFICATE NUMBER: UT-UBER-RAI					SER-PD REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECETIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA POLIC	EMEN AIN, T IES. L	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL S	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$		
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONLY AUTOS ONLY							(Fer accident)	\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DUO AUTO DAMAGE							COMP DEDUCTION F	60 500		
A BUS AUTO DAMAGE			606715907PD		03/01/2024	03/01/2025		\$2,500 \$2,500		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	CORD	101 Additional Remarks School	lo mov b	attached if mar			\$2,500		
As further described in the policy, limit is the lesse "UberPartner application", provided the "TNC Driv the final destination. Coverage only applies if at the TNC Driver as an insured or the auto driven by	r of Act er" has e time o	tual Ca logge of loss	ash Value and Cost of Repaired and recorded acceptance on the covered auto driven by the covered auto driven by the covered auto driven by the covered auto driven by the covered auto driven by the covered auto driven by the covered auto driven by the covered auto driven by the covered auto driven by the covered auto driven by the covered automatical au	. A cove of a requ	red auto is a pa est for transpor	assenger "auto" tation services,	while being used by a "TNC and is en route to the pick-up	location	n or traveling to	
CERTIFICATE HOLDER	CANCELLATION									
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1725 3RD STREET					AUTHORIZED REPRESENTATIVE					

Melvin Cramer

Il rights reserved.

SAN FRANCISCO, CA 94158 USA





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement	. A st	atement on
-	DUCER	.0 1110	, 0010	incate noider in ned or st	CONTA		·)·			
ı	MERS INSURANCE EXCHANGE				PHONE (A/C, No	- 0		FAX		
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	o, Ext):		(A/C, No):		
woo	DLAND HILLS, CA 91367				ADDRE		NIDED(O) AFFOR	DING GOVERAGE		NAIO #
ATTI	I: STRATEGIC ACCOUNTS				INIOUE	RA: FARMER		RDING COVERAGE		NAIC # 21652
INSU							10 110010 11101	E EXOTIVITOE		
""	RASIER LLC, RASIER-CA LLC,				INSURE					
	RASIER-DC LLC, RASIER-PA LLC,				INSURE					
	1725 3RD STREET				INSURE					
	SAN FRANCISCO, CA 94158 USA				INSURE					
	<u> </u>	TIFI	CATE	E NUMBER: VA-UBER-RAS	INSURE			DEVICION NUMBER.		
	/ERAGES CER IIS IS TO CERTIFY THAT THE POLICIES							REVISION NUMBER:	JE DOI	ICV DEDIOD
	DICATED. NOTWITHSTANDING ANY RE									
	ERTIFICATE MAY BE ISSUED OR MAY								ALL .	THE TERMS,
INSR	CLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN	POLICY FFF	POLICY EXP			
LTR	TYPE OF INSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$ 50,00	00
Α	OWNED SCHEDULED AUTOS			606715866		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	000
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 25,00	00
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE T / N	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
As fu	RIPTION OF OPERATIONS / LOCATIONS / VEHIC rther described in the policy, covered autos a ceive requests for transportation services, but	ire "aı	utos" v	vhile being used by a "TNC Dri	ver", pro	ovided the "TNC	Driver" is logg	ed into the "UberPartner appl		
CEI	RTIFICATE HOLDER				CANO	CELLATION				
	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL	C,			ACC	EXPIRATION CORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS.		
	1725 3RD STREET	-			AUTHO	RIZED REPRESE	NTATIVE			
	SAN FRANCISCO, CA 94158 US	Ą				-	Malinia	Cramer Or		
	The state of the s				1		,, vecuri	- Junious Lyl	_	





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUE	BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	he te	rms and conditions of th	e poli	cy, certain po	olicies may i				
	DUCE					CONTA		,-				
		S INSURANCE EXCHANGE				NAME: PHONE				FAX		
6303	OW	ENSMOUTH AVE, 4TH FLOOR				(A/C, No E-MAIL ADDRE	o, Ext):			(A/C, No):		
woo	DLA	ND HILLS, CA 91367				AUURE		UDED(E) AFFOR	DINC COVERACE			NAIC#
ATTI	N: ST	RATEGIC ACCOUNTS					RA: FARMER		RDING COVERAGE			NAIC # 21652
INSU								0111001011102	LACIBAROL			
		RASIER LLC, RASIER-CA LLC,				INSURE						
		RASIER-DC LLC, RASIER-PA LLC,				INSURE						
		1725 3RD STREET				INSURE						
	;	SAN FRANCISCO, CA 94158 USA				INSURE						
		<u> </u>	TIEI	^ A T E	NUMBER: VA-UBER-RAS	INSURE			DEVISION NUM	ADED:		
		S TO CERTIFY THAT THE POLICIES							REVISION NUM		JE P∩I	ICV PERIOD
IN CI E)	DIC/ ERTI	ATED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY I ISIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUI	H RESPECT TO	OT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENT		\$	
		CLAIMS-MADE OCCUR							PREMISES (Ea occu	ırrence)	\$	
									MED EXP (Any one	person)	\$	
									PERSONAL & ADV I		\$	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$ \$	
	ALIT	OTHER: OMOBILE LIABILITY							COMBINED SINGLE	LIMIT		0.000
	AUI	ANY AUTO							COMBINED SINGLE (Ea accident) BODILY INJURY (Pe		\$ 1,00	0,000
		OWNED SCHEDULED			606715867		03/01/2024	03/01/2025	,	. ,	\$	
Α		AUTOS ONLY HIRED AUTOS NON-OWNED			000713007		00/01/2021	00/01/2020	BODILY INJURY (Pe		\$	
		AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$	
		UMBRELLA LIAB OCCUP									-	
		EVOCOON							EACH OCCURRENC	CE	\$	
		CLAIIVIS-IVIADE							AGGREGATE		\$	
	WOR	DED RETENTION \$ KKERS COMPENSATION							PER STATUTE	OTH- ER	\$	
	AND	EMPLOYERS' LIABILITY Y / N										
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	If ves	datory in NH) s, describe under							E.L. DISEASE - EA E			
	DES	ĆRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DESC	PIDT	ION OF OPERATIONS / LOCATIONS / VEHICL	FS (/	CORD	101 Additional Pemarks Schedul	o may h	e attached if more	enace is require	ad)			
As fu	rther recor	described in the policy, covered autos a ded acceptance of a request for transporas further described in the policy.	re "aı	utos" v	while being used by a "TNC Driv	ver", pro	vided the "TNC	Driver" is logg	ed into the "UberPa			, 00
CEI)TIE	ICATE HOLDER				CANO	CELLATION					
CEI	XIII.	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC) ,			SHC THE ACC	OULD ANY OF TEXPIRATION CORDANCE WI	N DATE THE	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
		1725 3RD STREET				AUTHO	RIZED REPRESE		0			
		SAN FRANCISCO, CA 94158 USA					7	Nolvin	Cramos	()		





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights t							require an endorsemen	t. As	tatement on
PRO	DUCER				CONTA NAME:	СТ				
FAR	MERS INSURANCE EXCHANGE				PHONE	F-A		FAX (A/C, No):		
6303	3 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE			(A/C, NO).		
WOO	DDLAND HILLS, CA 91367				ADDICE		SURFR(S) AFFOR	DING COVERAGE		NAIC#
ATT	N: STRATEGIC ACCOUNTS				INSURE	RA: FARMER				21652
INSU	IRED				INSURE					
	RASIER LLC, RASIER-CA LLC,				INSURE					
	RASIER-DC LLC, RASIER-PA LLC,				INSURE	RD:				
	1725 3RD STREET				INSURE					
	SAN FRANCISCO, CA 94158 USA				INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER: VA-UBER-RAS	IER-PD			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO O ALL	WHICH THIS
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident)		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMPRELLALIAR								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	BUS AUTO DAMAGE			606715867PD		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2,500 \$2,500	
As fu "Ube the f	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI urther described in the policy, limit is the lesse erPartner application", provided the "TNC Driv inal destination. Coverage only applies if at th INC Driver as an insured or the auto driven by	r of A er" ha e time	ctual C is logge e of los	Cash Value and Cost of Repair led and recorded acceptance of ss, the covered auto driven by	. A cove of a requ	red auto is a pa est for transport	assenger "auto" tation services,	while being used by a "TNC and is en route to the pick-u	Driver"	logged into the
CEI	RTIFICATE HOLDER				CANO	ELLATION				
	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC				ACC	EXPIRATION ORDANCE WI	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
	1725 3RD STREET				AUTHO	RIZED REPRESE	NIAIIVE			

Melvin Cramer

SAN FRANCISCO, CA 94158 USA

ACORD®	
ACORD	CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/12/2024

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	s to the certificate holder in lieu of such e	endorsement	(s).		
PRODUCER Aon Risk Insurance Services We	ost Inc	CONTACT NAME:			
San Francisco CA Office		PHONE (A/C. No. Ext):		FAX (A/C. No.):	
425 Market Street Suite 2800		E-MAIL ADDRESS:			
San Francisco CA 94105 USA			INSURER(S) AFFORDING COV	/ERAGE	NAIC#
INSURED		INSURER A:	Liberty Surplus Insura	nce Corporation	10725
Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC		INSURER B:			
1725 3rd Street		INSURER C:			
San Francisco CA 94158 USA		INSURER D:			
		INSURER E:			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 57010391574	15	REVISION	NUMBER:	
THIS IS TO CERTIFY THAT THE POI	LICIES OF INSURANCE LISTED BELOW HAV	E BEEN ISSU	JED TO THE INSURED NAME	D ABOVE FOR THE POL	ICY PERIOD

COVERAGES CERTIFICATE NUMBER: 570103915745 REVISION NU	VERAGES	REVISION NUMBE
--	---------	----------------

INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requeste

INSR LTR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUM	BER //	POLICY EFF MM/DD/YYYY)	POLICY EXP	LIMIT	s
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 02:01 110:) (I	MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	<u> </u>
-	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	
Ī	 							MED EXP (Any one person)	
F								PERSONAL & ADV INJURY	
F	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	
	OTHER:								
Α	AUTOMOBILE LIABILITY			ASE-665-067247-3	374	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)	
F	ANY AUTO							BODILY INJURY (Per person)	\$50,000
F	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$100,000
-	AUTOS ONLY HIRED AUTOS ONLY AUTOS X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$25,000
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	
F	EXCESS LIAB CLAIMS-MADE							AGGREGATE	
-	DED RETENTION								
	WORKERS COMPENSATION AND							PER STATUTE OTH-	
	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE	il						E.L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	
1	DEGGTIII TIGHT OF GFERBATIONG BOICW								
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL urther described in the policy, 'digital network application", nas not accepted any request. U								le logged into ion services, policy.
CER	TIFICATE HOLDER				CANCELLAT	TION			
						DATE THERE		BED POLICIES BE CANCELL LL BE DELIVERED IN ACCOR	
	Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA	C			AUTHORIZED REF			ra Servias West	.Inc.

CERTIFICATE HOLDER	CANCELLATIO
--------------------	-------------

ĄC	ORE	®

DATE(MM/DD/YYYY) 02/12/2024

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(jes) must have ADDITIONAL INSURED provisions or be endorsed. If

RODUCER				CONTAC NAME:	T			
on Risk Insurance Services West, an Francisco CA Office	inc.			PHONE (A/C. No.	. Ext): (866) 2	283-7122	FAX (A/C. No.): (800)	363-0105
25 Market Street uite 2800				E-MAIL ADDRES	SS:			
in Francisco CA 94105 USA				7,55,1,2		JRER(S) AFFOI	RDING COVERAGE	NAIC#
CUPED								
SURED Isier LLC, Rasier-CA LLC,				INSURE		Ly Surprus	Insurance Corporation	10723
<mark>sier-DC ĹLC, Rasier-PA ĹLC</mark> 25 3rd Street				INSURE				
n Francisco CA 94158 USA				INSURE				
				INSURE	R E:			
				INSURE	R F:			
			NUMBER: 57010391				VISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	QUIRE PERTA 1 POLI	EMEN AIN, T CIES.	T, TERM OR CONDITIC HE INSURANCE AFFO LIMITS SHOWN MAY H	ON OF ANY RDED BY	CONTRACT THE POLICIES REDUCED B	OR OTHER D S DESCRIBEI Y PAID CLAIM	OCUMENT WITH RESPECT TO	T TO WHICH THIS
SR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	R	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	
	.						MED EXP (Any one person)	
OFAIL ACCORDINATE LIMIT APPLIES DED.							PERSONAL & ADV INJURY GENERAL AGGREGATE	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	
OTHER:							THOSE OF GOINI FOR FIGURE	
AUTOMOBILE LIABILITY			ASE-665-067247-384	1	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ANY AUTO							BODILY INJURY (Per person)	
OWNED SCHEDULED							BODILY INJURY (Per accident)	
AUTOS ONLY HIRED AUTOS X AUTOS NON-OWNED							PROPERTY DAMAGE	
ONLY AUTOS ONLY							(Per accident)	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	
DED RETENTION								
WORKERS COMPENSATION AND							PER STATUTE OTH-	
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE	1 1						E.L. EACH ACCIDENT	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE-EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	
 ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD 1	01 Additional Remarks Saha	dule may bo	attached if more	enace je reguiro	4)	
s further described in the policy ne "digital network application", 'ansportation services, and is er estination. Uninsured / Underinsu	, cov prov rout red B	ered ided e to odil	autos are passeng the "TNC Driver" the pick up locat y Injury and Medica	er "autos has logge ion or tr al Paymer	" while be d and reco aveling fr ets include	ing used by rded accep om the pic d as furth	y a "TNC Driver" whill tance of a request to k-up location to the er described in the p	e logged into provide final olicy.
ERTIFICATE HOLDER				ANCELLA	ATION			
ETTE TORIE HOLDEN				SHOULD A	ANY OF THE A		BED POLICIES BE CANCELLE ILL BE DELIVERED IN ACCORE	
Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LL	.C		AU		EPRESENTATIVE			
1725 3rd Street San Francisco CA 94158 USA				Ω	1 60.	06	rce Services West.	T

-==
ŧ
兲
Maria Lateria de la Calenda
☲
=
₽.
3.3
=
=
=
===
=
==
-
3
10011204
I . 5

ACORD

DATE(MM/DD/YYYY) 02/12/2024

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

	IBROGATION IS WAIVED, subject to rtificate does not confer rights to the	the	term	s and conditions of the p e holder in lieu of such e	olicy, c endorse	ertain polici ment(s).		uire an endorsement. A sta	atement on this		
PRODUCER Aon Risk Insurance Services West, Inc. San Francisco CA Office						CONTACT NAME: PHONE (966) 292 7122 FAX (900) 262 0105					
						Ext): (866) 2	283-7122	FAX (A/C. No.): (800) 36	3-0105		
	25 Market Street uite 2800					S:					
San Francisco CA 94105 USA					INSURER(S) AFFORDING COVERAGE				NAIC#		
INSUF	RED				INSURER	A: Liber	ty Surplus	Insurance Corporation	10725		
	er LLC, Rasier-CA LLC,			Ī	INSURER	B:					
1725	J Jiu Street					C:					
San	Francisco CA 94158 USA				INSURER						
					INSURER	E:					
					INSURER	F:					
COV	'ERAGES CEF	TIFIC	ATE	NUMBER: 57010391577	⁷ 1		RE	EVISION NUMBER:	_		
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCI	QUIRI PERTA I POLI	EMEN AIN, T ICIES	T, TERM OR CONDITION OF THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY ED BY T	CONTRACT (OR OTHER D S DESCRIBE	OOCUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY					·		EACH OCCURRENCE			

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<u> </u>						MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	OWNED SCHEDULED						BODILY INJURY (Per accident)
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE
	EXCESS LIAB CLAIMS-MADE						AGGREGATE
	DED RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-
	ANY PROPRIETOR / PARTNER / EXECUTIVE						E.L. EACH ACCIDENT
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT
Α	Business Auto Physical Damage Coverage			ASE-665-067247-384 Auto Physical Damage	03/01/2024	03/01/2025	Comp Deductible \$2,500 Coll Deductible \$2,500
		<u> </u>				l	

As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" has logged and recorded acceptance of a request to provide transportation services, and is en route to the pick up location or traveling from the pick-up location to the final destination. Uninsured / Underinsured Bodily Injury and Medical Payments included as further described in the policy.

CERTIFICATE HOLDER	CANCELLATIO
--------------------	-------------

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA

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

DATE(MM/DD/YYYY)

02/12/2024

CERTIFICATE OF LIABILITY INSURANCE

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	s to the certificate holder in lieu of such e	endorsement	(s).		
PRODUCER		CONTACT NAME:			
Aon Risk Insurance Services W San Francisco CA Office	est, inc.	PHONE (A/C. No. Ext):		FAX (A/C. No.):	
425 Market Street Suite 2800		E-MAIL ADDRESS:			
San Francisco CA 94105 USA			/ERAGE	NAIC#	
INSURED		INSURER A:	Liberty Surplus Insura	nce Corporation	10725
Rasier LLC, Rasier-CA LLC,		INSURER B:			
Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street		INSURER C:			
San Francisco CA 94158 USA		INSURER D:			
		INSURER E:			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 57010391579	91	REVISION	NUMBER:	
THIS IS TO CERTIFY THAT THE PO	LICIES OF INSURANCE LISTED BELOW HAV	/E BEEN ISSU	JED TO THE INSURED NAME	DABOVE FOR THE PO	LICY PERIOD

COVERAGES	CERTIFICATE NUMBER: 570103915791	REVISION NUMBER:
-----------	----------------------------------	------------------

INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

	LUSIONS AND CONDITIONS OF SUCH						Emilio On	own are as requeste
ISR TR	TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMB	BER POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
G	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							
Α	UTOMOBILE LIABILITY			ASE-665-067247-53	34 03/01/2024	03/01/2025	COMBINED SINGLE LIMIT	
	_						(Ea accident)	¢50.00
	ANY AUTO COUEDUI ED						BODILY INJURY (Per person)	\$50,00
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$100,00
	HIRD AUTOS X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$30,00
	AUTOS ONET							
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
-	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
١	WORKERS COMPENSATION AND						PER STATUTE OTH-	
EMPLOYERS' LIABILITY Y/N					I ĒŔ			
(ANY PROPRIETOR / PARTNER / EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	
18	Mandatory in NH) f yes, describe under						E.L. DISEASE-EA EMPLOYEE	
į	f yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	
	PTION OF OPERATIONS / LOCATIONS / VEHICL	FO (10	000	 		<u> </u>	n	
fu h	rther described in the policy, digital network application", as not accepted any request. U	cov prov Jnins	ered ided ured	autos are passen the "TNC Driver" / Underinsured B	ger "autos" while be is "available to re codily Injury include	ing used b ceive requ d as furth	y a "TNC Driver" whi ests" for transporta er described in the p	le logged into tion services, policy.
RT	IFICATE HOLDER				CANCELLATION			
							BED POLICIES BE CANCELI LL BE DELIVERED IN ACCOR	
	Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA	9		-	AUTHORIZED REPRESENTATIVE		oca Services West	q

CEDTIFICATE HOLDED	CANCELLATIO

DATE(MM/DD/YYYY) 02/12/2024

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.

ON Risk Insurance Services West, an Francisco CA Office 25 Market Street Lite 2800 an Francisco CA 94105 USA SURED Asier LLC, Rasier-CA LLC, asier-DC LLC, Rasier-PA LLC 25 3rd Street an Francisco CA 94158 USA OVERAGES CE THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUR TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	RTIFIC S OF II EQUIR PERT: H POL	NSUR EMEN	NT, TERM OR CONDIT THE INSURANCE AFF	W HAVE BEE	Ext): SS: INSI RA: Liber R B: R C: R D: R E: R F:	ty Surplus	FAX (A/C. No.): RDING COVERAGE Insurance Corporation	NAIC # 10725
25 Market Street uite 2800 an Francisco CA 94105 USA SURED asier LLC, Rasier-CA LLC, asier-DC LLC, Rasier-PA LLC '25 3rd Street an Francisco CA 94158 USA OVERAGES THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUR TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	S OF I EQUIR PERT H POL	NSUR EMEN AIN, T	IANCE LISTED BELOV IT, TERM OR CONDIT THE INSURANCE AFF	INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI	INSI RA: Liber RB: RC: RD: RE: RF:	ty Surplus	RDING COVERAGE Insurance Corporation	
SURED RISIER LLC, RASIER-CA LLC, RISIER-DC LLC, RASIER-PA LLC POVERAGES THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY FOR THE POLICIE EXCLUSIONS AND CONDITIONS OF SUR TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	S OF I EQUIR PERT H POL	NSUR EMEN AIN, T	IANCE LISTED BELOV IT, TERM OR CONDIT THE INSURANCE AFF	INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI	INSI RA: Liber RB: RC: RC: RD: RE:	ty Surplus	Insurance Corporation	
ASIET LLC, RASIET-CA LLC, ASIET-DC LLC, RASIET-PA LLC 725 3rd street An Francisco CA 94158 USA OVERAGES THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY FOR CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	S OF I EQUIR PERT H POL	NSUR EMEN AIN, T	IANCE LISTED BELOV IT, TERM OR CONDIT THE INSURANCE AFF	INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI	RA: Liber RB: RC: RD: RE:	ty Surplus	Insurance Corporation	
ASIET LLC, RASIET-CA LLC, ASIET-DC LLC, RASIET-PA LLC 725 3rd street An Francisco CA 94158 USA OVERAGES THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY FOR CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	S OF I EQUIR PERT H POL	NSUR EMEN AIN, T	IANCE LISTED BELOV IT, TERM OR CONDIT THE INSURANCE AFF	INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI INSUREI	R B: R C: R D: R E: R F:			10723
OVERAGES THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY FOR CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SURE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	S OF I EQUIR PERT H POL	NSUR EMEN AIN, T	IANCE LISTED BELOV IT, TERM OR CONDIT THE INSURANCE AFF	INSUREI INSURE	R C: R D: R E: R F:	RI	EVICION NUMBER	
OVERAGES THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	S OF I EQUIR PERT H POL	NSUR EMEN AIN, T	IANCE LISTED BELOV IT, TERM OR CONDIT THE INSURANCE AFF	INSUREI 915813 W HAVE BEE TION OF ANY	R E: R F:	RI	EVICION NUMBER	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SU TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	S OF I EQUIR PERT H POL	NSUR EMEN AIN, T	IANCE LISTED BELOV IT, TERM OR CONDIT THE INSURANCE AFF	INSUREI 915813 W HAVE BEE TION OF ANY	R F:	RI	EVICION NUMBER	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SU TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	S OF I EQUIR PERT H POL	NSUR EMEN AIN, T	IANCE LISTED BELOV IT, TERM OR CONDIT THE INSURANCE AFF	915813 W HAVE BEE TION OF ANY		RI	VICION NUMBER	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SU TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	S OF I EQUIR PERT H POL	NSUR EMEN AIN, T	IANCE LISTED BELOV IT, TERM OR CONDIT THE INSURANCE AFF	W HAVE BEE	N ISSUED TO	RI	VICION NUMBER	
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SU TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	EQUIR PERT H POL	EMEN AIN, T ICIES	NT, TERM OR CONDIT THE INSURANCE AFF	TION OF ANY	N ISSUED TO		VISION NUMBER:	
COMMERCIAL GENERAL LIABILITY	ADDI	SUBR		HAVE BEEN	CONTRACT THE POLICIES REDUCED B	OR OTHER I S DESCRIBE Y PAID CLAIN	OCUMENT WITH RESPECT TO DESCRIPTION OF THE PROPERTY OF THE PRO	TO WHICH THIS
			POLICY NUME	BER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
CLAIMS-MADE OCCUR	1						EACH OCCURRENCE	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	
	_						MED EXP (Any one person)	
⊢	_						PERSONAL & ADV INJURY	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	
JECT LOC							PRODUCTS - COMP/OP AGG	
OTHER: AUTOMOBILE LIABILITY			ASE-665-067247-5	44	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT	*1 000 000
AUTOMOBILE LIABILITY			ASE 003 007217 3		03, 01, 101.	03, 01, 2023	(Ea accident)	\$1,000,000
ANY AUTO							BODILY INJURY (Per person)	
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	
AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY							(Per accident)	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	
EXCESS LIAB CLAIMS-MAD							AGGREGATE	
DED RETENTION WORKERS COMPENSATION AND		-					PER STATUTE OTH-	
EMPLOYERS' LIABILITY Y	N						ÉR	
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	
(Mandatory in NH) If yes, describe under							E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	
DESCRIPTION OF OPERATIONS below		1					E.L. DISEASE-POLICY LIMIT	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEH 5 further described in the polic 6 "digital network application" cansportation services, and is e estination. Uninsured / Underins	y, cov , prov 1 rout	vered vided te to	l autos are passer l the "TNC Driver' o the pick up loca	nger "autos " has logge ation or tr	s" while be ed and reco raveling fr	ing used b rded accep om the pic	y a "TNC Driver" while tance of a request to p k-up location to the fi	rovide
ERTIFICATE HOLDER				CANCELLA	ATION			
				SHOULD A	ANY OF THE A		BED POLICIES BE CANCELLED ILL BE DELIVERED IN ACCORDA	
Rasier LLC, Rasier-CA LLC			ŀ	AUTHORIZED R	REPRESENTATIVE			
Rasier-DC LLC, Rasier-PA L 1725 3rd Street San Francisco CA 94158 USA					1 EX		nee Services West S	7

ACC)R	D

DATE(MM/DD/YYYY) 02/12/2024

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

certificate does not confer rights to the certificate holder in lieu of such		ent on this			
PRODUCER AON Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street	CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS: FAX (A/C. No.):				
Suite 2800 San Francisco CA 94105 USA	INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURED	INSURER A: Liberty Surplus Insurance Corporation	10725			
Rasier LLC, Rasier-CA LLC,	INSURER B:				
Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street	INSURER C:				
San Francisco CA 94158 USA	INSURER D:				
	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 5701039158	20 REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDIES EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO NED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	WHICH THIS THE TERMS,			

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS
LIR	COMMERCIAL GENERAL LIABILITY	INSD	WVD		(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	EACH OCCURRENCE
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	OWNED SCHEDULED						BODILY INJURY (Per accident)
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	NOTOS SINE!						
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE
	EXCESS LIAB CLAIMS-MADE						AGGREGATE
	DED RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-
	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A					E.L. EACH ACCIDENT
	(Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT
Α	Business Auto Physical Damage Coverage			ASE-665-067247-544 Auto Physical Damage	03/01/2024	03/01/2025	Comp Deductible \$2,500 Coll Deductible \$2,500
DE06	PRINTION OF OPERATIONS / LOCATIONS / MEHICL	F0 ///	ODD 4				

As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" has logged and recorded acceptance of a request to provide transportation services, and is en route to the pick up location or traveling from the pick-up location to the final destination. Uninsured / Underinsured Bodily Injury included as further described in the policy.

CERTIFICATE HOLDER	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

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA

Aon Rish Insurance Services West Inc.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/12/2024

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).										
PRODUCER		CONTACT NAME:								
Aon Risk Insurance Services W San Francisco CA Office		PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105								
425 Market Street Suite 2800		E-MAIL ADDRESS:								
San Francisco CA 94105 USA			NAIC#							
INSURED		INSURER A:	Liberty Surplus	Insurance Corporation	10725					
Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC		INSURER B:								
1725 3rd Street		INSURER C:								
San Francisco CA 94158 USA		INSURER D:								
		INSURER E:								
		INSURER F:								
COVERAGES	CERTIFICATE NUMBER: 57010391583	37	RE\	VISION NUMBER:						

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requeste

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUM	BER POLICY	EFF	POLICY EXP	LIMIT	s	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD		(MM/DD/Y	Y Y Y)	(MIM/DD/YYYY)	EACH OCCURRENCE		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		
Ī								MED EXP (Any one person)		
ŀ								PERSONAL & ADV INJURY		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		
	OTHER:									
A	AUTOMOBILE LIABILITY			ASE-665-067247-5	03/01/	2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)		
ŀ	ANY AUTO							BODILY INJURY (Per person)	\$50,000	
ŀ	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$100,000	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$25,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		
ŀ	EXCESS LIAB CLAIMS-MADE							AGGREGATE		
-	DED RETENTION	-								
WORKERS COMPENSATION AND								PER STATUTE OTH-		
	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE	11 I						E.L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE-EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" is "available to receive requests" for transportation services, but has not accepted any request. Uninsured Bodily Injury included as further described in the policy. CERTIFICATE HOLDER 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. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE										
CER	TIFICATE HOLDER				CANCELLATION					
						HERE		BED POLICIES BE CANCELI ILL BE DELIVERED IN ACCOR		
	Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LL 1725 3rd Street San Francisco CA 94158 USA	C			Authorized representative Aon Risk Insurance Services West Inc.					

CERTIFICATE HOLDER	CANCELLATIO
--------------------	-------------

ACORD	3

DATE(MM/DD/YYYY) 02/12/2024

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

certificate does not confer rights to the certificate holder			A statement on this
PRODUCER Aon Risk Insurance Services West, Inc. San Francisco CA Office	CONTACT NAME: PHONE (A/C. No. Ext):	FAX (A/C. No.):	
425 Market Street Suite 2800	E-MAIL ADDRESS:		
San Francisco CA 94105 USA		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	Liberty Surplus Insurance Corporat	ion 10725
Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC	INSURER B:		
1725 3rd Street	INSURER C:		
San Francisco CA 94158 USA	INSURER D:		
	INSURER E:		
	INSURER F:		
COVERAGES CERTIFICATE NUMBE	R: 570103915843	REVISION NUMBER:	_
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSU EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS &	OR CONDITION OF ANY CON RANCE AFFORDED BY THE F	TRACT OR OTHER DOCUMENT WITH RESP POLICIES DESCRIBED HEREIN IS SUBJECT	ECT TO WHICH THIS
INSR ADDUSUBR	POLICY NUMBER POL	CY EFF POLICY EXP LIMIT	

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE
	POLICY PROJECT LOC OTHER:						PRODUCTS - COMP/OP AGG
A	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			ASE-665-067247-564	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					EACH OCCURRENCE AGGREGATE PER STATUTE OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" has logged and recorded acceptance of a request to provide transportation services, and is en route to the pick up location or traveling from the pick-up location to the final destination. Uninsured Bodily Injury included as further described in the policy.

CERTIFICATE HOLDER	CANCELLATIO
--------------------	-------------

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1725 3rd Street San Francisco CA 94158 USA

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



DATE(MM/DD/YYYY) 02/12/2024

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

	BROGATION IS WAIVED, subject to tificate does not confer rights to th				endors	ement(s).	ies may req	uire an endorsement. A state	ment on this			
PRODU					CONTACT NAME:							
	Risk Insurance Services West, Francisco CA Office	ınc.			PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105							
425 N	Market Street 2800				E-MAIL ADDRESS:							
	Francisco CA 94105 USA						JRER(S) AFFO	RDING COVERAGE	NAIC #			
NSURE	ED .				INSURE	RA: Liber	ty Surplus	s Insurance Corporation	10725			
Rasie	er LLC, Rasier-CA LLC, er-DC LLC, Rasier-PA LLC				INSURE	R B:						
725	3rd Street				INSURER C:							
an F	Francisco CA 94158 USA				INSURE	R D:						
					INSURE	R E:						
					INSURE	R F:						
				NUMBER: 5701039158				EVISION NUMBER:				
INDI CEF EXC	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA I POLI	EMEN AIN, T CIES	IT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAN	OF ANY	CONTRACT THE POLICIES REDUCED B	OR OTHER I S DESCRIBE Y PAID CLAIN	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALI MS. Limits shown a	WHICH THIS			
NSR LTR	TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
L	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO BENTED				
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)				
								MED EXP (Any one person)				
								PERSONAL & ADV INJURY				
(GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE				
	OTHER:							PRODUCTS - COMP/OP AGG				
1	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)				
F	ANYAUTO						BODILY INJURY (Per person)					
_	OWNED SCHEDULED							BODILY INJURY (Per accident)				
-	AUTOS ONLY HIRED AUTOS NON-OWNED							PROPERTY DAMAGE				
-	ONLY AUTOS ONLY							(Per accident)				
								EACH OCCURRENCE				
_	UMBRELLA LIAB OCCUR							AGGREGATE				
_	EXCESS LIAB CLAIMS-MADE	-						Additedate				
_	DED RETENTION WORKERS COMPENSATION AND							PER STATUTE OTH-				
	EMPLOYERS' LIABILITY Y / N							l lÉR				
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT				
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT				
	Business Auto Physical Damage			ASE-665-067247-564		03/01/2024	03/01/2025	Comp Deduct	\$2,500			
	Coverage			Auto Physical Damage	е		, , ,	Coll Deductible	\$2,500			
DESCE	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (AC	OBD 1	 101. Additional Remarks Schedul	le. mav he	attached if more	snace is require	d)				
As fu	urther described in the policy	. cov	ered	autos are passenger	"autos	s" while be	ina used b	v a "TNC Driver" while lo	gged into			
the '	'digital network application", sportation services, and is en	prov	ided	the "TNC Driver" ha	s logge	ed and reco	rded accep	tance of a request to pro	ovide 1			
desti	ination. Uninsured Bodily Inju	ry in	clud	led as further descri	bed in	the policy	·	K WP TOCUCTOR TO THE TIME	• •			
CERT	TIFICATE HOLDER			CAI	NCELL	NOITA						
				E	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LL	C		AUTH	HORIZED F	EPRESENTATIVE						
	1725 3rd Street San Francisco CA 94158 USA				. 0	lan Rich	Insuran	nce Services West In	- -			





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUI	BROGATION IS WAIVED, subject ertificate does not confer rights to	to th	he te	ms and conditions of th	e poli	cy, certain p	olicies may	•			
PRO						CONTA NAME:		,				
FAR	MER	RS INSURANCE EXCHANGE				PHONE (A/C, No	= 0		FAX			
6303	OW	/ENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	o, Ext):		(A/C, No):			
woo	DDLA	AND HILLS, CA 91367				ADDRE			NO. 110 A CO. 150 A C. 5		NAIC #	
ATTI	v si	TRATEGIC ACCOUNTS				,						
INSU						INSURER A: FARMERS INSURANCE EXCHANGE 21652						
INSU		RASIER LLC, RASIER-CA LLC,				INSURER B:						
		RASIER-DC LLC, RASIER-PA LLC,				INSURER C:						
		1725 3RD STREET				INSURER D:						
		SAN FRANCISCO, CA 94158 USA				INSURE	RE:					
		<u> </u>				INSURE						
					NUMBER: WV-UBER-RAS				REVISION NUMBER:	IE DOI	IOV DEDICE	
IN CI EX	DICA ERTI KCLU	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO	O ALL	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$		
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:								\$		
	AU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$ 50,00	00	
Α		OWNED SCHEDULED AUTOS			606715871		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0	000	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 25,00	00	
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N. / A						E.L. EACH ACCIDENT	\$		
		ICER/MEMBEREXCLUDED? ndatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If ye	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
		TION OF OPERATIONS / LOCATIONS / VEHICL										
l .		r described in the policy, covered autos a e requests for transportation services, but										
CEI	CERTIFICATE HOLDER						ELLATION					
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		1725 3RD STREET SAN FRANCISCO, CA 94158 USA	A			AUTHORIZED REPRESENTATIVE Melvin Cramer Or						





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to th	ne te	rms and conditions of th	e poli	cy, certain p	olicies may	•				
	DUCER				CONTA NAME:		,-					
FAR	MERS INSURANCE EXCHANGE				PHONE			FAX				
6303	OWENSMOUTH AVE, 4TH FLOOR				(A/C, No E-MAIL ADDRE	o, Ext):		(A/C, No):				
woo	DDLAND HILLS, CA 91367				ADDRE					NAIC#		
АТТ	N: STRATEGIC ACCOUNTS				INSURER(S) AFFORDING COVERAGE EADMEDS INCLIDANCE EVOLUNCE 2163							
INSU					INSURER A: FARMERS INSURANCE EXCHANGE 21652							
INSU	RASIER LLC, RASIER-CA LLC,				INSURER B:							
	RASIER-DC LLC, RASIER-PA LLC,				INSURER C:							
	1725 3RD STREET				INSURER D :							
					INSURE	RE:						
	SAN FRANCISCO, CA 94158 USA				INSURE							
				NUMBER: WV-UBER-RAS				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC ADDL	REME AIN, CIES. ISUBR	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	T TO ALL	WHICH THIS		
LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$			
	POLICY PRO- JECT LOC								\$			
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0.000		
	ANY AUTO								\$	7.2.2		
Α	OWNED SCHEDULED			606715872		03/01/2024	03/01/2025	, , ,	\$			
^	AUTOS ONLY AUTOS NON-OWNED							DDODEDTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY								\$			
	UMBRELLA LIAB OCCUB								-			
	- CCCOR								\$			
	CLAIIVI3-IVIADE								\$			
	DED RETENTION \$ WORKERS COMPENSATION								\$			
	AND EMPLOYERS' LIABILITY Y / N											
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedul	e, may b	e attached if mor	e space is require	ed)				
and	urther described in the policy, covered autos a recorded acceptance of a request for transpor			• •				• • • • • • • • • • • • • • • • • • • •				
HICIU	ded as further described in the policy.											
CE	RTIFICATE HOLDER				CANO	CELLATION						
<u>OL</u>	CERTIFICATE HOLDER RASIER LLC, RASIER-CA LLC,						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.					
	RASIER-DC LLC, RASIER-PA LLC	0,			AUTHO	RIZED REPRESE	NTATIVE					
	1725 3RD STREET				701110	MELD VELVESE		4 . 0				
	SAN FRANCISCO, CA 94158 USA	A			Melvin Cramer Or							





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement	t. Ast	tatement on	
PRO	DUCER				CONTA NAME:	СТ					
FAR	MERS INSURANCE EXCHANGE				PHONE	F-A		FAX (A/C, No):			
6303	3 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE			(A/C, NO).			
WOO	DDLAND HILLS, CA 91367				INSURER(S) AFFORDING COVERAGE					NAIC#	
ATT	N: STRATEGIC ACCOUNTS				INSURE	RA: FARMER				21652	
INSU	IRED				INSURE						
	RASIER LLC, RASIER-CA LLC,				INSURE	RC:					
	RASIER-DC LLC, RASIER-PA LLC,				INSURER D:						
	1725 3RD STREET				INSURER E :						
	SAN FRANCISCO, CA 94158 USA				INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER: WV-UBER-RAS	SIER-PD			REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO D ALL	WHICH THIS	
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							NOONEONIE	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	BUS AUTO DAMAGE			606715872PD		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2,500		
								COLL DEDUCTIBLE	\$2,500		
As fu "Ube the f	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI urther described in the policy, limit is the lesse erPartner application", provided the "TNC Driv inal destination. Coverage only applies if at th FNC Driver as an insured or the auto driven by	r of A er" ha e time	ctual C is logge e of los	Cash Value and Cost of Repair led and recorded acceptance of ss, the covered auto driven by	. A cove of a requ	red auto is a pa est for transport	assenger "auto" tation services,	while being used by a "TNC and is en route to the pick-up	locatio	on or traveling to	
CE	RTIFICATE HOLDER		CANC	ELLATION							
	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	1725 3RD STREET			AUTHORIZED REPRESENTATIVE							

Melvin Cramer

SAN FRANCISCO, CA 94158 USA





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights	to t	he te	rms and conditions of th	e poli	cy, certain p	olicies may	-			
	DUCER				CONTA NAME:		,				
FAR	MERS INSURANCE EXCHANGE				PHONE	- 0		FAX			
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL ADDRE	o, Ext):		(A/C, No):			
WOO	DDLAND HILLS, CA 91367				ADDRE			RDING COVERAGE			
ATTI	N: STRATEGIC ACCOUNTS						NAIC # 21652				
INSU					INSURER A .						
	RASIER LLC, RASIER-CA LLC,				INSURER B:						
	RASIER-DC LLC, RASIER-PA LLC,				INSURE						
	1725 3RD STREET				INSURE						
	SAN FRANCISCO, CA 94158 USA				INSURE						
	<u>'</u>	TIE1		E NUMBER: WY-UBER-RAI	SED DE			DEVICION NUMBER.			
TI IN CI	IIIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETRIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	OF EQUIF PERT	INSUI REME AIN,	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD	VE BEE OF AN' ED BY	N ISSUED TO Y CONTRACT THE POLICIE	THE INSURE OR OTHER IS DESCRIBE	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR	TYPE OF INSURANCE	ADDL	SUBR		DELIVI	POLICY EFF (MM/DD/YYYY)		LIMIT	s		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
								EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	POLICY PROJECT LOC							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 50,0	nn	
	OWNED SCHEDULED			606715911		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$ 100,0		
Α	AUTOS ONLY AUTOS NON-OWNED			000713311		00/01/2024	00/01/2020	\ '			
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 25,0	00	
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION \$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
As fu	RIPTION OF OPERATIONS / LOCATIONS / VEHIC irther described in the policy, covered autos a able to receive requests for transportation se	ire "aı	utos" v	while being used by a "TNC Dri	ver", pro	vided the "TNC		,	ication"	and	
<u> </u>	TIFICATE LICENSES				0411	SELL ATION					
CEI	RTIFICATE HOLDER				CAN	CELLATION					
	RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LL	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	1725 3RD STREET				AUTHO	RIZED REPRE SE		_			
	SAN FRANCISCO, CA 94158 US	Ą			Melvin Cramer Or						





DATE (MM/DD/YYYY) 03/01/2024

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(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).											
	DUCER		mouto notati in noa or or	CONTACT							
	MERS INSURANCE EXCHANGE			NAME: PHONE							
6303 OWENSMOUTH AVE, 4TH FLOOR						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:					
WO	ODLAND HILLS, CA 91367									T	
	N: STRATEGIC ACCOUNTS				INSURER(S) AFFORDING COVERAGE					NAIC # 21652	
					INSURER A : FARMERS INSURANCE EXCHANGE					21002	
INSU	RASIER LLC, RASIER-CA LLC,				INSURER B:						
					INSURE						
	RASIER-DC LLC, RASIER-PA LLC,			INSURER D:							
	1725 3RD STREET			INSURER E :							
	SAN FRANCISCO, CA 94158 USA				INSURER F:						
_				NUMBER: WY-UBER-RAI				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDII/SUBR! POLICY EFF POLICY EXP									WHICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAINS-INADE CCCOR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							TRODUCTO - CONTROL AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,00	0.000	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
_	OWNED SCHEDULED			606715912		03/01/2024	03/01/2025	BODILY INJURY (Per accident)	· ·		
Α	AUTOS ONLY AUTOS NON-OWNED			0007.100.12				PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUP										
	EVOTOG LIAD OCCOR							EACH OCCURRENCE	\$		
	CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As further described in the policy, covered autos are "autos" while being used by a "TNC Driver", provided the "TNC Driver" is logged into the "UberPartner application", has logged and recorded acceptance of a request for transportation services, and is en route to the pick-up location or traveling to the final destination. Uninsured / Underinsured Bodily Injury included as further described in the policy.											
CF	RTIFICATE HOLDER			CANCELLATION							
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC,						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	1725 3RD STREET			AUTHORIZED REPRESENTATIVE							
	SAN EPANCISCO CA 9/158 LISA				Maluia Cagraga Oa						





DATE (MM/DD/YYYY) 03/01/2024

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(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUBROGATION IS WAIVED, subjects certificate does not confer rights	t to t	he tei	rms and conditions of th	e polic	cy, certain po	olicies may i	•			
PRODUCER						CONTACT NAME:					
FARMERS INSURANCE EXCHANGE						PHONE					
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL	(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:					
woo	DLAND HILLS, CA 91367				ADDRE						
ATTN: STRATEGIC ACCOUNTS						INSURER(S) AFFORDING COVERAGE NOT SURSURER A : FARMERS INSURANCE EXCHANGE 21652					
INSU	RED										
	RASIER LLC, RASIER-CA LLC,				INSURER B:						
	RASIER-DC LLC, RASIER-PA LLC,				INSURER C:						
	1725 3RD STREET				INSURER D:						
	SAN FRANCISCO, CA 94158 USA				INSURER E :						
COVERAGES CERTIFICATE NUMBER: WY-UBER-RAI						INSURER F :					
TH IN CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	OF EQUIF PERT POLI	INSUF REMEI AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	VE BEE OF AN' ED BY	N ISSUED TO Y CONTRACT THE POLICIE: REDUCED BY I	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	D NAMED ABOVE FOR TH DOCUMENT WITH RESPEC HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONET							(i di dolidoni)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	*		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
	BESONI FION OF OF ENAMEND BEIOW							E.E. BIOLINGE T OLIGIT LIMIT	Ψ		
Α	BUS AUTO DAMAGE			606715912PD		03/01/2024	03/01/2025	COMP DEDUCTIBLE	\$2,500		
				0001.00121.2					\$2,500		
As fu "Ube the fi	RIPTION OF OPERATIONS / LOCATIONS / VEHIC rther described in the policy, limit is the lesse Partner application", provided the "TNC Driv nal destination. Coverage only applies if at the NC Driver as an insured or the auto driven be	er of A er" ha	ctual C is logg e of los	Cash Value and Cost of Repair ged and recorded acceptance o ss, the covered auto driven by	. A cove of a requ	red auto is a pa est for transport	assenger "auto" tation services,	while being used by a "TNC I and is en route to the pick-up	location	n or traveling to	
055	TIFICATE HOLDED				CANCELLATION						
CEF	TIFICATE HOLDER				CANCELLATION						
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA LLC, 1725 3RD STREET						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					