

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/27/2018

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).

| certificate does not co | nter rights to the | e cer | titicat | e nolder in lieu of such | | | | | | | |
|--|---|-------|-------------|--|-------------------|---------------------------------------|---|--|---------------------|-----------------|------|
| PRODUCER | | | | CONTACT NAME: | | | | | | | |
| Aon Risk Insurance Services West, Inc. | | | | PHONE FAX (A/C. No. Ext): (A/C. No.): | | | | | | | |
| San Francisco CA Office 425 Market Street | | | | F-MAII | | | (A/C. No. |). | | - | |
| Suite 2800 | F | | | | ADDRES | SS: | | | | | 4 |
| San Francisco CA 94105 USA | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | | | |
| INSURED | | | | | INSURE | RA: James | River Ins | urance Company | / | 12203 | ٦ |
| Rasier LLC, Rasier-CA | | | | · | INSURER B: | | | | | | |
| Rasier-DC LLC, Rasier 1455 Market Street, 4 | | | | | INSURER C: | | | | | | ٦ |
| San Francisco CA 9410 | 3 USA | | | | INSURE | R D: | | | | | |
| | | | | | INSURE | R E: | | | | | ٦ |
| | | | | | INSURER F: | | | | | 7 | |
| COVERAGES | CER | TIFIC | ATE | NUMBER: 5700703108 | 29 | | RE | VISION NUMB | ER: | L. | _ |
| THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIREMENTS OF MAY PER EXCLUSIONS AND CONDITIONS OF SUCH POLICIONS OF SUCH P | | | | T, TERM OR CONDITION THE INSURANCE AFFORD | OF ANY ED BY 1 | CONTRACT THE POLICIES REDUCED B | OR OTHER D S DESCRIBEI Y PAID CLAIM | DOCUMENT WITH D HEREIN IS SUE | RESPECT BJECT TO | T TO WHICH THIS | |
| INSR LTR TYPE OF INS | URANCE | ADDL | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | | |
| COMMERCIAL GENER | RAL LIABILITY | | | | | | | EACH OCCURRENCE | l I | | |
| CLAIMS-MADE | OCCUR | | | | | | | DAMAGE TO RENTER PREMISES (Ea occur | | | T |
| | | | | | | | | MED EXP (Any one pe | | | 7 |
| | | | | | | | | PERSONAL & ADV IN | JURY | | 7 |
| GEN'L AGGREGATE LIMIT A | APPLIES PER: | | | | | | | GENERAL AGGREGA | TE | | 7 |
| POLICY PRO- JECT | LOC | | | | | | | PRODUCTS - COMP/ | OP AGG | | 1 |
| OTHER: | | | | | | | | | | | 1 |
| A AUTOMOBILE LIABILITY | | | | CA436100ME-03 | | 03/01/2018 | 03/01/2019 | COMBINED SINGLE I (Ea accident) | IMIT | \$1,000,00 | 00 |
| ANY AUTO | | | | | | | | BODILY INJURY (Per | person) | | |
| OWNED | SCHEDULED | | | | | | | BODILY INJURY (Per | accident) | | 7 |
| AUTOS ONLY HIRED AUTOS Y | AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE | | | + |
| HIRED AUTOS X | AUTOS ONLY | | | | | | | (Per accident) Uninsured/Underinsure | 4.001 | | - |
| | | | | | | | | | | \$1,000,00 | 10 |
| UMBRELLA LIAB | OCCUR | | | | | | | EACH OCCURRENCE | | | 4 |
| EXCESS LIAB | CLAIMS-MADE | | | | | | | AGGREGATE | | | _ |
| DED RETENTION | | | | | | | | | | | |
| WORKERS COMPENSATION EMPLOYERS' LIABILITY | ON AND | | | | | | | PER STATUTE | OTH- ER | | 1 |
| ANY PROPRIETOR / PARTNE | R/EXECUTIVE Y/N | II. | | | | | | E.L. EACH ACCIDENT | ILIX | | 7 |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | N/A | | | | | | E.L. DISEASE-EA EMP | PLOYEE | | 7 |
| If yes, describe under DESCRIPTION OF OPERA | TIONS below | | | | | | | E.L. DISEASE-POLICY | / LIMIT | | ٦_ |
| BEGGIAN HOLLON OF ELLIN | | | | | | | | | | | ╗ |
| | | | | | | | | | | | |
| | | | | | | | | | | | _ } |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Pursuant to policy terms and conditions: | | | | | | | | | | | |
| Pursuant to policy te A. "Rideshare Driver" | rms and condit | tions | 5: +h=+ | is operating a motor | vehic | le in conn | ection with | h the use of t | he liherd | artner | 3 |
| application. | | | | - | | | | | | | |
| B. Covered autos are UberPartner applicati | passenger auto on using accor | os be | rede | used following the Ri ntials issued under a | ideshar | e Driver's | logged and | d recorded acc | eptance e transn | in the | - 15 |
| services while the Ri | deshare Drive | r is | en r | oute to the pick up 1 | locatio | n of the r | equested to | ransportation | services | , or traveling | ≘ |
| to the final destinat | to the final destination of the requested transportation services, including but not limited to dropping-off of passengers. 🍈 ᢓ | | | | | | | | | | |

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

Aon Prish Insurance Services West, Inc.

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor San Francisco CA 94103 USA



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| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the SUBROGATION IS WAIVED, subject to the terms and conditions of th certificate does not confer rights to the certificate holder in lieu of suc | ne policy, certain policies may require an endorsement. A statemer | | | | |
|---|---|-----------------------|--|--|--|
| 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# | | | |
| INSURED | INSURER A: James River Insurance Company 12 | 2203 | | | |
| Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC | INSURER B: | | | | |
| 1455 Market Street, 4th Floor | INSURER C: | | | | |
| San Francisco CA 94103 USA | INSURER D: | | | | |
| | INSURER E: | | | | |
| | INSURER F: | | | | |
| COVERAGES CERTIFICATE NUMBER: 57007031 | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H. | ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WI RDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH | HICH THIS E TERMS, | | | |
| INSR TYPE OF INSURANCE ADDLI SUBR POLICY NUMBER | R POLICY EFF POLICY EXP LIMITS | | | | |
| COMMERCIAL GENERAL LIABILITY | EACH OCCURRENCE | | | | |
| CLAIMS-MADE OCCUR | DAMAGE TO RENTED PREMISES (Ea occurrence) | | | | |
| | MED EXP (Any one person) | | | | |
| | DEDSONAL & ADVINTING | | | | |

| LTR | LTR TYPE OF INSURANCE | | WVD | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | Y) 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 | | | CA436200ME-03 | 03/01/2018 | 03/01/2019 | COMBINED SINGLE LIMIT (Ea accident) | |
| | ANYAUTO | | | | | | BODILY INJURY (Per person) \$50,000 | |
| | OWNED SCHEDULED | | | | | | BODILY INJURY (Per accident) \$100,000 | |
| | AUTOS ONLY HIRED AUTOS ONLY AUTOS AUTOS AUTOS AUTOS ONLY | | | | | | PROPERTY DAMAGE \$25,000 (Per accident) | |
| | ONE! AUTOS ONE! | | | | | | | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | |
| | DED RETENTION | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER OTH- STATUTE ER | |
| | 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 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | L | | | |

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

Pursuant to policy terms and conditions: A. "Rideshare Driver" is an individual that is operating a motor vehicle in connection with the use of the UberPartner application.

B. Covered autos are passenger autos being used in connection with the UberPartner application using account credentials issued under a contract with a Named Insured while the Rideshare Driver 1.) has logged in to the UberPartner application and is available to receive requests for transportation services requested through the UberPartner application and 2.) has not accepted a request through the UberPartner application and is not transporting a passenger or property for a fee or other compensation. compensation.

| AFDT | HOLDE | _ |
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| | | |

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Rish Insurance Services West, Inc.

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor San Francisco CA 94103 USA



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| certificate does not confer rights to the certificate holder in lieu of such | | ent on this |
|--|---|--------------------------|
| PRODUCER | CONTACT NAME: | |
| Aon Risk Insurance Services West, Inc. San Francisco CA Office | FAX | |
| 425 Market Street Suite 2800 | E-MAIL ADDRESS: | |
| San Francisco CA 94105 USA | INSURER(S) AFFORDING COVERAGE | NAIC# |
| INSURED | INSURER A: James River Insurance Company | 12203 |
| Rasier LLC, Rasier-CA LLC, | INSURER B: | |
| Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor | INSURER C: | |
| San Francisco CA 94103 USA | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |
| COVERAGES CERTIFICATE NUMBER: 5700703109 | 88 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 HAVE | OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO BE BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL | WHICH THIS THE TERMS, |
| INCOUNTING AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN WAT HAV | E BEEN REDUCED BY PAID CLAIMS. Limits shown are | e as requested |

| INSR | T | ADDL S | UBRI | POLICY EFF | POLICY EXP | Limits snown are as requested |
|-------------|---|--------|---------------------------------------|--------------|--------------|---|
| INSR LTR | TYPE OF INSURANCE | INSD V | POLICY NUMBER | (MM/DD/YYYY) | (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) |
| | ANY AUTO | | | | | BODILY INJURY (Per person) |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | BODILY INJURY (Per accident) |
| | AUTOS ONLY AUTOS HIRED AUTOS NON-OWNED ONLY 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 |
| | 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 |
| Α | Bus Auto Damage | | CA436300CA-03 Auto Physical Damage | 03/01/2018 | 03/01/2019 | Comp Deductible \$1,000 Coll Deductible \$1,000 |

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

Limit is lesser of Actual Cash Value and Cost of Repair. A "Rideshare Driver" is an individual operating a motor vehicle in connection with the UberPartner App. Covered autos are passenger autos used following the Rideshare Driver's logged/recorded acceptance in the UberPartner App using account credentials issued under a contract with a Named Insured to provide transportation services while the Rideshare Driver is either en route to the pickup location or traveling to the final destination of the requested transportation services. Coverage only applies if at the time of loss, the covered auto driven by the Rideshare Driver as an insured or the auto driven by the Rideshare Driver as a covered auto.

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

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor San Francisco CA 94103 USA SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE

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