

## 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.

SUBROG	ATION IS WAIVED, subject to e does not confer rights to the	the t	erm	s and conditions of the	policy, c	ertain polic			
PRODUCER					CONTACT				
	Insurance Services West,	Inc.			PHONE FAX				
San Franci 425 Market Suite 2800					(A/C. No. Ext): (A/C. No.):  E-MAIL ADDRESS:				
San Francisco CA 94105 USA						INSURER(S) AFFORDING COVERAGE			
INSURED					INSURER	A: James	River Ins	surance Company	12203
	, Rasier-CA LLC,			·	INSURER	B:			
	LLC, Rasier-PA LLC et Street, 4th Floor				INSURER	C:			
	sco CA 94103 USA				INSURER	D:			
					INSURER	E:			
					INSURER	F:			
COVERAG	ES CER	TIFIC/	<b>ATE</b>	NUMBER: 5700703108	85		RE	EVISION NUMBER:	
INDICATED CERTIFICA	D CERTIFY THAT THE POLICIES D. NOTWITHSTANDING ANY RE ATE MAY BE ISSUED OR MAY I NS AND CONDITIONS OF SUCH	QUIRE PERTAI I POLIC	MEN IN, T CIES	IT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAV	OF ANY ED BY T	CONTRACT HE POLICIES	OR OTHER DESCRIBE	OOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	-
	MMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	
								MED EXP (Any one person)	
								PERSONAL & ADV INJURY	
GEN'L AC	GGREGATE LIMIT APP <u>LIES</u> PER:							GENERAL AGGREGATE	
POL	LICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	
OTH	HER:								
A AUTOMO	BILE LIABILITY			CA436100VT-03		03/01/2018	03/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
AN	AUTO							BODILY INJURY ( Per person)	

							Uninsured/Underinsured CSL	\$1,000,000
	UMBRELLA LIAB			OCCUR			EACH OCCURRENCE	
	EXCESS LIAB	ŀ		CLAIMS-MADE			AGGREGATE	
	DED RETENT	ION						
	PRKERS COMPENS		ON AN	ND Y/N			PER OTH- STATUTE ER	

DESCRIPTION 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 t is an individual that is operating a motor vehicle in connection with the use of the UberPartner application.

application.

B. Covered autos are passenger autos being used following the Rideshare Driver's logged and recorded acceptance in the UberPartner application using account credentials issued under a contract with a Named Insured to provide transportation services while the Rideshare Driver is en route to the pick up location of the requested transportation services, or traveling to the final destination of the requested transportation services, including but not limited to dropping-off of passengers.

CERTIFICATE HOLDER CANCELLATION
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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 POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Rish Insurance Services West Inc

**BODILY INJURY (Per accident)** 

Uninsured/Underinsured CSL

PROPERTY DAMAGE

E.L. EACH ACCIDENT

E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

(Per accident)

OWNED

ONLY

**AUTOS ONLY** 

HIRED AUTOS

OFFICER/MEMBER EXCLUDED? (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below

ANY PROPRIETOR / PARTNER / EXECUTIVE

SCHEDULED.

NON-OWNED

**AUTOS ONLY** 

**AUTOS** 



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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 certificate does not confer rights to the certificate holder in lieu of such	policy, certain policies may require an endorsement. A statement on this endorsement(s).
PRODUCER AON Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street Suite 2800 San Francisco CA 94105 USA	CONTACT NAME: PHONE (A/C. No. Ext):  E-MAIL ADDRESS:  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	71 REVISION NUMBER:
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, 'E BEEN REDUCED BY PAID CLAIMS.  Limits shown are as requested.
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF   POLICY EXP
COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)

		SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(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 PRO- JECT LOC OTHER:						PRODUCTS - COMP/OP AGG
AUTOMOBILE LIABILITY			CA436200VT-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
HIRED AUTOS ONLY  NON-OWNED 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						PER OTH- E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY  UMBRELLA LIAB  DED RETENTION  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY  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	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTINER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY  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	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- JECT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTINER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  CA436200VT-03  03/01/2018  CA436200VT-03  03/01/2018  NOA-0436200VT-03  O3/01/2018  NA A OS A	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  CA436200VT-03  03/01/2018 03/01/2019  03/01/2018 03/01/2019  03/01/2018 03/01/2019  03/01/2018 03/01/2019  N/A  N/A  N/A  N/A

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.

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CERTII	ICALL	HOLDE

## **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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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	CONTACT NAME:	
Aon Risk Insurance Services West, Inc. San Francisco CA Office	PHONE   FAX (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	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 <b>REVISION NUMBER</b> :	
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		ADDL S	SUBRI	POLICY EFF	POLICY EXP		own are as requested
INSR LTR	TYPE OF INSURANCE	INSD V	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)	
	ANY AUTO					BODILY INJURY ( Per person)	
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY 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 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 Damag	03/01/2018 ge	03/01/2019	Comp Deductible Coll Deductible	\$1,000 \$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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