## **CERTIFICATE OF LIABILITY INSURANCE**

DATE(MM/DD/YYYY) 02/20/2019

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

					s and conditions of the			ies may req	uire an endorsen	ent. A	statement on th	nis
PRODUCI	ER					CONTAC NAME:	· · · ·					
Aon Risk Insurance Services West, Inc. San Francisco CA Office					PHONE	PHONE (A/C. No. Ext):  (A/C. No. Ext):  (A/C. No.):						
San Francisco CA 94105 USA					E-MAIL							
						INSURER(S) AFFORDING COVERAGE					#	
NSURED	).					INSUREI	INSURER A: Allstate Insurance Co					
	LLC, Rasier-CA					INSUREI	INSURER B:					
	'-DC LLC, Rasier Narket Street, 4					INSUREI	INSURER C:					
	ancisco CA 9410					INSUREI	R D:					
						INSUREI	INSURER E:					
						INSUREI	R F:					
	RAGES				NUMBER: 57007511				EVISION NUMBE		•	
INDIC CERT EXCL	ATED. NOTWITHST IFICATE MAY BE IS	ANDING ANY RE SSUED OR MAY I	QUIR PERTA I POL	EMEN AIN, 7 ICIES	ANCE LISTED BELOW IT, TERM OR CONDITIC THE INSURANCE AFFOI LIMITS SHOWN MAY H	ON OF ANY RDED BY	' CONTRACT THE POLICIE   REDUCED B	OR OTHER I S DESCRIBE Y PAID CLAIN	DOCUMENT WITH D HEREIN IS SUB //S. L	RESPECT TO	CT TO WHICH T	HIS MS,
NSR LTR	TYPE OF INS	URANCE	ADDL INSD	SUBR	POLICY NUMBER	R	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s	
	CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre	1		
									MED EXP (Any one pe	-		
_									PERSONAL & ADV IN			
GE	EN'L AGGREGATE LIMIT A								GENERAL AGGREGA	-		
	POLICY JECT OTHER:	LOC							PRODUCTS - COMP/O	PAGG		
A AU	JTOMOBILE LIABILITY				648840011		03/01/2019	03/01/2020	COMBINED SINGLE L (Ea accident)	IMIT	\$1,000	,00
	ANYAUTO								BODILY INJURY ( Per	person)		
OWNED SCHEDULED								BODILY INJURY (Per a	ccident)			
	AUTOS ONLY HIRED AUTOS X	AUTOS NON-OWNED							PROPERTY DAMAGE			
	ONLY	AUTOS ONLY							(Per accident) UM/UIM		\$250	. 00
	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE		\$230	,00
	<u> </u>	CLAIMS-MADE							AGGREGATE			_
	DED RETENTION	CLAIIVIS-IVIADE	1						//OSILES/IIE			
w	ORKERS COMPENSATION	ON AND							PER STATUTE	OTH-		
	MPLOYERS' LIABILITY NY PROPRIETOR / PARTNE	R/EXECUTIVE Y/N	ļ						E.L. EACH ACCIDENT	ĒŔ		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE-EA EMP	LOYEE		_	
lf '	yes, describe under ESCRIPTION OF OPERA	TIONS below							E.L. DISEASE-POLICY			
	LOCKII HON OF OF LIVE	TIONS BEIOW	1									
			<u> </u>	<u> </u>			<u> </u>	<u> </u>				
	rtion of operations / int to policy te				101, Additional Remarks Sche	dule, may be	attached if more	space is require	d)			
۱. "Ri	deshare Driver"				is operating a mot	tor vehic	cle in conn	ection wit	h the use of tl	ne Uber	Partner	
	ation. ered autos are	passenger auto	os be	eina	used following the	Rideshar	re Driver's	logged an	d recorded acc	eptance	e in the	
JberPa	rtner applicati	on using accor	unt d	crede	ntials issued under	r a contr	act with a	Named Ins	ured to provide	· trans	sportation	ir~
					oute to the pick up ransportation serv							
						,	3				. 5	
CERTII	FICATE HOLDER				С	ANCELLA	ATION					
						SHOULD	ANY OF THE	ABOVE DESCR	IBED POLICIES BE	CANCELL	ED BEFORE THE	
									ILL BE DELIVERED I			

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

AUTHORIZED REPRESENTATIVE



## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/20/2019

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SUBROGATION IS WAIVED, subject to the terr certificate does not confer rights to the certificate			rsement. A statement on this				
PRODUCER AON Risk Insurance Services West, Inc. San Francisco CA Office	CONTACT NAME: PHONE (A/C. No. Ext)	: FAX	. No.):				
425 Market Street Suite 2800	E-MAIL ADDRESS:						
San Francisco CA 94105 USA		INSURER(S) AFFORDING COVERA	NAIC#				
INSURED	INSURER A:	Allstate Insurance Co	19232				
Rasier LLC, Rasier-CA LLC,	INSURER B:						
Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor	INSURER C:	INSURER C:					
San Francisco CA 94103 USA	INSURER D:	INSURER D:					
	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE	NUMBER: 570075114619	REVISION NU	MBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSUI INDICATED. NOTWITHSTANDING ANY REQUIREME CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	NT, TERM OR CONDITION OF ANY CO THE INSURANCE AFFORDED BY THE	NTRACT OR OTHER DOCUMENT W POLICIES DESCRIBED HEREIN IS	VITH RESPECT TO WHICH THIS				
INSR LTR TYPE OF INSURANCE INSD WVI	POLICY NUMBER PO	DLICY EFF POLICY EXP	LIMITS				

INSR LTR	INSR TYPE OF INSURANCE			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (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						PRODUCTS - COMP/OP AGG
	OTHER:						
Α	AUTOMOBILE LIABILITY			648840009	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY ( Per person) \$50,000
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$100,000
	HIRED AUTOS ONLY  AUTOS 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)							PER OTH- STATUTE E.L. EACH ACCIDENT  E.L. DISEASE-EA EMPLOYEE
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT
	INDICATION OF OPERATIONS // COATIONS ///FING						

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.

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.

## CERTIFICATE OF LIABILITY INSURANCE

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IMPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to certificate does not confer rights to the	the	term	s and conditions of	the policy,	certain polic						
PRODUCER				CONTAC NAME:	T ,						
Aon Risk Insurance Services West, I	inc.			PHONE	PHONE						
San Francisco CA Office 425 Market Street					(A/C. No. Ext): (A/C. No.):						
Suite 2800				ADDRE:	SS:						
San Francisco CA 94105 USA		INSURER(S) AFFORDING COVERAGE									
INSURED				INSUREI	RA: Allst	ate Insura	ince Co		19232		
Rasier LLC, Rasier-CA LLC,				INSUREI	INSURER B:						
Rasier-DC LLC, Rasier-PA LLC				INSUREI	INSURER C:						
1455 Market Street, 4th Floor San Francisco CA 94103 USA				INSUREI							
				INSUREI	R E:						
				INSUREI	R F:						
			<b>NUMBER:</b> 5700751				EVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH	QUIRI PERTA POL	EMEN AIN, T ICIES	NT, TERM OR CONDIT THE INSURANCE AFF LLIMITS SHOWN MAY	ION OF ANY ORDED BY	CONTRACT THE POLICIES REDUCED B	OR OTHER I S DESCRIBE Y PAID CLAIN	OOCUMENT WITH RESPE D HEREIN IS SUBJECT	ECT TO Y	WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMB	BER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гѕ			
COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE				
CLAIMS-MADE OCCUR							DAMAGE TO RENTED				
							PREMISES (Ea occurrence)  MED EXP (Any one person)	1			
<del>-</del>							PERSONAL & ADV INJURY				
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE				
POLICY 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)				
AUTOS ONLY HIRED 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							PER OTH				
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE							STATUTE ER				
OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	1			
(Mandatory in NH)  If yes, describe under							E.L. DISEASE-EA EMPLOYEE	ļ			
DESCRIPTION OF OPERATIONS below			C40040011		02 (04 (2040	02 (04 (2020	E.L. DISEASE-POLICY LIMIT		£1 00		
A Bus Auto Damage			648840011 Auto Physical Dar	mage	03/01/2019	03/01/2020	Comp Deductible Coll Deductible		\$1,000 \$1,000		
			Auto Filysical Dal	naye			COTT DEGUCTION		\$1,000		
DESCRIPTION OF OPERATIONS (1.004710NS	F0 //	1	404 Addising 15	badula 1	-4		-1)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Limit is lesser of Actual Cash Valu	•		•				•	or vob	icla in		
connection with the UberPartner App	. Co	vere	ed autos are passe	nger autos	used foll	owina the	Rideshare Driver's l	oaaed/			
acceptance in the UberPartner App u	ısing	acc	count credentials	issued und	der a contr	act with a	Named Insured to pr	ovide			
transportation services while the R destination of the requested transp	orta	ation	ı services. Covera	ae only ar	oplies if a	t the time	of loss, the covere	d auto	driven by		
the Rideshare Driver was insured fo	r co	ollis	ion coverage unde	ř a persor	nal auto po	licy that	includes the Ridesha	re Dri	ver as an		
insured or the auto driven by the R	tides	nare	Priver as a cove	red auto.							
_											
CERTIFICATE HOLDER				CANCELLA	ATION						
					N DATE THERE		IBED POLICIES BE CANCEL ILL BE DELIVERED IN ACCO				

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor San Francisco CA 94103 USA AUTHORIZED REPRESENTATIVE Aon Rish Insurance Services West, Inc.

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