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

RODU	CER		n endorsement(s). CONTACT NAME:								
	Risk Insurance Services West, I Francisco CA Office		PHONE								
25 N	Market Street		E-MAIL			[(FEG. 1101)	,				
	e 2800 Francisco CA 94105 USA				ADDRESS: INSURER(S) AFFORDING COVERAGE						
					19232						
INSURED Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC						INSURER A: Allstate Insurance Co					
						INSURER B:					
155	Market Street, 4th Floor rancisco CA 94103 USA			INSURER C:							
	Talle 1360 CA 34103 03A				INSURER						
					INSURER						
01/	ERAGES CERT	TIFIC	ATE	NUMBER: 5700751146	INSURER F: 4613 REVISION NUMBER:						
THIS IND CEF EXC	S IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY REC RTIFICATE MAY BE ISSUED OR MAY P LUSIONS AND CONDITIONS OF SUCH	OF IN QUIRE ERTA POLI	NSUR EMEN AIN, T ICIES	ANCE LISTED BELOW HA IT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAV	VE BEEN OF ANY ED BY T	CONTRACT (THE POLICIES REDUCED BY	THE INSURE OR OTHER DESCRIBED Y PAID CLAIM	ED NAMED ABOVE OCUMENT WITH D HEREIN IS SUE	FOR TI RESPE	CT TO WHICH THIS	
SR IR	TYPE OF INSURANCE	ADDL INSD	L SUBR D WVD POLICY NUM			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE			
ſ	CLAIMS-MADE OCCUR							DAMAGE TO RENTEL PREMISES (Ea occurr			
Ī								MED EXP (Any one pe			
								PERSONAL & ADV IN	JURY		
_	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE		
L	POLICY JECT LOC							PRODUCTS - COMP/0	OP AGG		
+	OTHER: AUTOMOBILE LIABILITY			648839998		03/01/2019	03/01/2020	COMBINED SINGLE L	.IMIT	\$1,000,00	
L	_							(Ea accident)	,	31,000,00	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per			
	AUTOS ONLY AUTOS							PROPERTY DAMAGE			
	HIRED AUTOS X NON-OWNED AUTOS ONLY							(Per accident)			
								UM/UIM		\$1,000,00	
	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	N/A						E.L. EACH ACCIDENT			
(Mandatory in NH)								E.L. DISEASE-EA EMP	PLOYEE		
DESCRIPTION OF OPERATIONS below								E.L. DISEASE-POLICY	LIMIT		
SCF	IPTION OF OPERATIONS / LOCATIONS / VFHICH	ES (AC	ORD 1	I 01. Additional Remarks Schedule	e. mav be a	ttached if more	space is required	(k			
	if yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLI I I I TO PORTATIONS / LOCATIONS / VEHICLI I I I I I I I I I I I I I I I I I I	ES (AC ions lica he U ervi ng t	CORD 1 : A. tion berp ces	101, Additional Remarks Schedule "Rideshare Driver" - . B. Covered autos a artner application us while the Rideshare I e final destination (e, may be a is an i are pas sing ac Driver of the	nttached if more and ividual senger aut credise nout requested	space is required that is ope os being us entials is e to the p transporta			le in connec deshare Drive t with a Name de requested ding but not	
:FR1	TEICATE HOLDER			CAN	ICEL I A	TION					
	III IOALE HOLDER			S S E P	HOULD A	NY OF THE A DATE THEREOVISIONS.	ABOVE DESCRI	BED POLICIES BE LL BE DELIVERED	CANCELL IN ACCOR	ED BEFORE THE	
Rasier LLC, Rasier-CA LLC					ITHORIZED REPRESENTATIVE						
Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor						A GO OF CO SHE					

Aon Rish Insurance Services West Inc.

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.

PRODUCER			CONTAC NAME:	т					
Aon Risk Insurance Services West, I		NAME: PHONE							
San Francisco CA Office 125 Market Street			(AUC. NO.). E-MAIL ADDRESS:						
Suite 2800 San Francisco CA 94105 USA			ADDRESS: INSURER(S) AFFORDING COVERAGE						
NSURED Rasier LLC, Rasier-CA LLC,			INSURER A: Allstate Insurance Co 19232 INSURER B: INSURER C: INSURER D:						
Rasier-DC LLC, Rasier-PA LLC									
.455 Market Street, 4th Floor San Francisco CA 94103 USA									
			INSURER E:						
COVERAGES CER	TIFICATE	NUMBER: 5700751146	INSURER F: 14681 REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, T POLICIES	IT, TERM OR CONDITION THE INSURANCE AFFORD . LIMITS SHOWN MAY HAV	OF ANY DED BY 1	CONTRACT THE POLICIES REDUCED B	OR OTHER D S DESCRIBEI Y PAID CLAIM	OOCUMENT WITH RESPECT TO	TO WHICH THIS		
NSR LTR TYPE OF INSURANCE	ADDL SUBR INSD 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 GENERAL AGGREGATE			
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC						PRODUCTS - COMP/OP AGG			
OTHER:						PRODUCTS - COMPTOP AGG			
A AUTOMOBILE LIABILITY		648839996		03/01/2019	03/01/2020	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 X 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						PER OTH-			
ANY PROPRIETOR / 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			
 ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL ursuant to policy terms and condit	ES (ACORD 1	 101, Additional Remarks Schedul "Rideshare Driver"	le, may be a	nttached if more	space is required	d) erating a motor vehicl	e in connection		
ursuant to policy terms and condition the use of the UberPartner app. Covered autos are passenger autonder a contract with a Named Insurvailable to receive requests for tocepted a request through the Uberompensation. ERTIFICATE HOLDER	olication os being red while ransport Partner	used in connection w the Rideshare Drive ation services reque application and is no	ith the r 1.) h sted th ot tran	UberPartn as logged rough the sporting a	er applica in to the I UberPartne passenger	tion using account cre UberPartner applicatio r application and 2.) or property for a fee	dentials issued n and is has not or other		
ERTIFICATE HOLDER		CAN	NCELLA	TION					

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



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/22/2019

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

	bject to the terms and conditions of the p ts to the certificate holder in lieu of such (ndorsement. A staten	nent on this
PRODUCER		CONTACT NAME:			
Aon Risk Insurance Services San Francisco CA Office	West, Inc.	PHONE (A/C. No. Ext):		FAX (A/C. No.):	
425 Market Street Suite 2800		E-MAIL ADDRESS:			
San Francisco CA 94105 USA			VERAGE	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 Floo		INSURER C:			
San Francisco CA 94103 USA		INSURER D:			
		INSURER E:			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 5700751314	36	REVISION	NUMBER:	
INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED O	OLICIES OF INSURANCE LISTED BELOW HAY ANY REQUIREMENT, TERM OR CONDITION 'R R MAY PERTAIN, THE INSURANCE AFFORDI OF SUCH POLICIES. LIMITS SHOWN MAY HAV	OF ANY CON ED BY THE F	TRACT OR OTHER DOCUME! POLICIES DESCRIBED HEREII	NT WITH RESPECT TO N IS SUBJECT TO ALL	WHICH THIS THE TERMS,
INCR.	LADDIEUDDI		OVER L DOLLOVEYD L	Limits shown ar	e as requested

						Limits snown are as requested	
INSR LTR	TYPE OF INSURANCE	INSD	WVD	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)
	HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS 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 OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT
			N/A				E.L. DISEASE-EA EMPLOYEE
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT
Α	Bus Auto Damage			648839998 Auto Physical Damage	03/01/2019	03/01/2020	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

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