



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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							equire an endorsement	. A st	atement on	
	DUCER				CONTA NAME:		,-				
Fai	mers Insurance Exchange				PHONE FAX						
	3 Owensmouth Ave, 4th Floor				E-MAIL						
	odland Hills, CA 91367				ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #						
ΑT	TN: Strategic Accounts						NAIC# 21652				
INSL	RED				INSURE		s Insurance	<u> </u>			
	sier LLC, Rasier-CA LLC,				INSURER B:						
	sier-DC LLC, Rasier-PA LLC,				INSURE						
145	55 Market Street, 4th Floor				INSURER D:						
Sa	n Francisco, CA 94103 USA				INSURE						
	VED A OF O	TIFI		NUMBER, SATIRED D	INSURER F:						
_				NUMBER: SA-UBER-PANCE LISTED BELOW HAN	PA-012 REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
	DICATED. NOTWITHSTANDING ANY RE										
С	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIES	S DESCRIBED				
E. INSR	KCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F	REDUCED BY F	PAID CLAIMS. POLICY EXP				
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)	\$ \$1,	000,000	
	ANY AUTO						03/01/2020	BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS			606715809		03/01/2019		BODILY INJURY (Per accident)	\$		
	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								UM / UIM CSL	\$ \$25	50,000	
	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							E.L. DISEASE - POLICY LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if more	e space is require	ed)			
	suant to policy terms and conditions: Rideshare Driver" is an individual who is opera	atina a	moto	r vehicle in connection with the	use of	the UherPartne	r application				
B. C	overed autos are passenger autos being use	d follo	wing t	he Rideshare Driver's logged a	and reco	rded acceptanc	e in the UberPa				
	g account credentials issued under a contract										
	up location of the requested transportation seed to dropping-off of passengers.	rvices	s, or tr	avening to the final destination	or the re	equested transpo	ortation service	s, including but not			
	··· - · · · · · ·										
CE	RTIFICATE HOLDER				CANCELLATION						
								ESCRIBED POLICIES BE C.			
								REOF, NOTICE WILL E Y PROVISIONS.	SE DE	LIVERED IN	
	Rasier LLC, Rasier-CA LLC,				ACCORDANCE WITH THE POLICY PROVISIONS.						
	Rasier-DC LLC, Rasier-PA L 1455 Market Street, 4th Floo				AUTHORIZED REPRESENTATIVE						
	1455 Market Street, 4th Floo	T			— Doubling by						

San Francisco, CA 94103 USA





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	UBROGATION IS WAIVED, subject certificate does not confer rights t							require an endorsement	. As	statement on		
PRODU					CONTA NAME:	CT	<i>,</i> -					
Farm	ers Insurance Exchange				PHONE FAX							
6303 Owensmouth Ave, 4th Floor						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
Wood	dland Hills, CA 91367											
ATTN	I: Strategic Accounts				INSURER(S) AFFORDING COVERAGE INSURER A - Farmers Insurance Exchange					NAIC# 21652		
INSURE	·n				INSURE			21002				
	er LLC, Rasier-CA LLC,				INSURER B:							
	er-DC LLC, Rasier-PA LLC,				INSURE	ER C:						
	Market Street, 4th Floor				INSURER D:							
	Francisco, CA 94103 USA				INSURER E:							
					INSURER F:							
				E NUMBER: SA-UBER-P								
INDI CER	S IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE ITIFICATE MAY BE ISSUED OR MAY ILUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	ст то	WHICH THIS		
INSR LTR	TYPE OF INSURANCE		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	\$			
	BEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
F	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:							TROBUSTO COMITO TROC	\$			
Α	UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 50	0,000		
A	OWNED AUTOS ONLY AUTOS NON-OWNED X NON-OWN			606715808	0	03/01/2019	03/01/2020	` ' '		0,000		
				0007 13000		00/01/2010		PROPERTY DAMAGE		5,000		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	0,000		
	UMBRELLA LIAB OCCUP							EAGU GOOUDDENGE	-			
\vdash	- SYSTEM LIAB							EACH OCCURRENCE	\$			
	CLAIIVIS-IVIADE							AGGREGATE	\$			
w	DED RETENTION S ORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
A	ND EMPLOYERS' LIABILITY Y / N								_			
0	NYPROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
Ìf	Mandatory in NH) yes, describe under							E.L. DISEASE - EA EMPLOYEE				
D	ÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DESCR	IPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	ACORE	0 101, Additional Remarks Schedul	e, may b	e attached if more	e space is require	ed)				
A. "Ric B. Cov creder	nt to policy terms and conditions: leshare Driver" is an individual who is opera- rered autos are passenger autos being use- titals issued under a contract with a Named sted transportation services, or traveling to tagers.	d follo Insur	wing tred to	the Rideshare Driver's logged a provide transportation services	and reco	orded acceptanc ne Rideshare Dr	e in the UberPariver is en route	to the pick up location of the	ınt			
CERT	IFICATE 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.						
	1455 Market Street, 4th Floo				AUTHORIZED REPRESENTATIVE DocuSigned by:							

San Francisco, CA 94103 USA





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	UCER					CONTACT						
Farı	ners Insurance Exchange					PHONE FAX						
630	3 Owensmouth Ave, 4th Floor				E-MAIL ADDRE	o, Ext):		(A/C, No):				
Woo	odland Hills, CA 91367				ADDRE							
ATT	N: Strategic Accounts							DING COVERAGE		NAIC#		
					INSURER A: Farmers Insurance Exchange					21652		
INSU					INSURER B:							
	ier LLC, Rasier-CA LLC,				INSURER C:							
	ier-DC LLC, Rasier-PA LLC,				INSURER D:							
	5 Market Street, 4th Floor				INSURER E :							
Sail	Francisco, CA 94103 USA				INSURER F:							
COV	ERAGES CER	TIFIC	CATE	NUMBER: SA-UBER-G	· · · · · · · · · · · · · · · · · · ·							
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 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.										WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (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)	\$			
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İ	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
İ	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
1								FRODUCTS - COMPTOF AGG	\$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
1	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$			
ŀ	OWNED SCHEDULED							` ' '				
-	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(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							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	Bus Auto Damage			606715809PD		03/01/2019	03/01/2020	Comp Deductible Coll Deductible	\$1,00 \$1,00			
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 was insured for collision coverage under a personal auto policy that includes the Rideshare Driver as an insured or the auto driven by the Rideshare Driver as a covered auto.												
CFF	TIFICATE HOLDER				ANCELLATION							
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 LL				AUTHORIZED REPRESENTATIVE DocuSigned by:							
	1455 Market Street, 4th Floor San Francisco, CA 94103 US				Sharon Fernandez							