To report a claim, please visit: http://t.uber.com/claims



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRO	DUCER				CONTACT NAME:							
					PHONE (A/C, No, Ext): (A/C, No):							
					E-MAIL ADDRESS:							
					INSURER(S) AFFORDING COVERAGE NAIC #							
					INSURER A:							
INSU	RED				INSURER B:							
					INSURER C:							
					INSURER D :							
					INSURER E :							
					INSURE							
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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.												
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		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	\$			
	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							BODILY INJURY (Per accident)	\$			
	HIRED 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				
	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	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
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						
					Nicole Hallenbeck							





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/19

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 s certificate does not confer rights t							require an endorsement	t. A st	atement on			
PROD		<u> </u>	, 0011	inoute notaer in nea or s	CONTA		<i>,</i> ·						
	MERS INSURANCE EXCHANGE				NAME:   FAX   FA								
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL	o, Ext):		(A/C, No):					
woo	DLAND HILLS, CA 91367				ADDRE	E-MAIL ADDRESS:							
ATTN	: STRATEGIC ACCOUNTS				INICUIDE	INSURER(S) AFFORDING COVERAGE NA INSURER A : FARMERS INSURANCE EXCHANGE 21652							
INSUF	RED												
	RASIER LLC, RASIER-CA LLC,				INSURER B:								
	RASIER-DC LLC, RASIER-PA LLC,				INSURER C:								
	1455 MARKET STREET, 4TH FLOOR				INSURER D : INSURER E :								
	SAN FRANCISCO, CA 94103 USA				INSURER E : INSURER F :								
COV	5 NOTE OF ADDRESS OF STREET	TIFI	CATE	E NUMBER: IA-UBER-RASI	A CONTROL OF THE PROPERTY OF T								
INI	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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.												
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	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)	\$ 50,00	00			
А	OWNED SCHEDULED AUTOS	Χ		606715831		12/31/2019	06/30/2020	BODILY INJURY (Per accident)	\$ 100,0	000			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 25,00	00			
									\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION \$								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER					
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$				
(Mandatory in NH)  If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mon	e space is require	ed)					
Pursuant to policy terms and conditions: A. "TNC Driver" is an individual who is operating a motor vehicle in connection with the use of the Uber network. B. Covered autos are passenger autos while being used by a TNC Driver in connection with the Uber network accessed using account credentials issued under a contract with a Named Insured to provide transportation services provided the TNC Driver is logged into the Uber network and available to receive requests, or following the TNC Driver's recorded acceptance in the Uber network and while 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.													
CER	TIFICATE HOLDER				CANCELLATION								
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 LLC				AUTHORIZED REPRESENTATIVE								
	1455 MARKET STREET, 4TH FLO	OOR											
l	SAN FRANCISCO, CA 94103 USA	4			Nicole Hallenbeck								

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/19

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PRODUCES PROMISSION FOR EXCHANGE SIGN OWNERSHANDUT AVE. 4TH FLOOR SALER LIC, PASIER ALC, RASIER LIC, RASIER ALC, RASIER LIC, RASIER ALLC, RASIER LIC, RASIER PASILLC, RASIER LIC, RASIER	If SUBROGATION IS WAIVED, subjecthis certificate does not confer rights							require an endorsement	t. A st	atement on		
FARMERS INSURANCE EXCHANGE WOODLAN HILLS, CA 91897  WOODLAN HILLS, CA 91897  WOODLAN HILLS, CA 91897  RASIER LLC, RASIER CA LLC, HASHER LLC, RASIER CA LLC, RASIER LLC, RAS	PRODUCER											
SOSTO OWNERMOUTH AVE, 41 H FLOOR  WISURED A  ARRIFER LC, RASIER ALL  RASIER LC, RASIER ALL  REVISION NUMBER:  REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUM	FARMERS INSURANCE EXCHANGE				PHONE	PHONE FAX						
MODIFICATION OF THE ADDRESS OF THE COLOR ASSET FOR THE POLICY PERIOD NUMBER:  RATE STREET, CASIER CALLC, RASIER CLC, RASIER CLC, RASIER CALLC, RASIE	6303 OWENSMOUTH AVE, 4TH FLOOR				E-MAIL			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
ATTH STRATEGIC ACCOUNTS  RASIER LUC RASIER CALLC, RASIER CULC RASIER CALLC, RASIER CULC RASIER PA LUC, 1495 MARKET STREET, 4TH FLOOR  SAM FRANCISCO, CA 94193 USA  CERTIFICATE NUMBER: 14-0BER-RASIER PO  SAM FRANCISCO, CA 94193 USA  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PERIODERS. THE RASIER POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY RESULTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PERIODERS. THE RASIER POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PERIODERS. THE RASIER POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PERIODERS. THE RASIER POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PERIODERS. THE RASIER POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PERIODERS. THE RASIER POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PERIODERS. THE RASIER POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PERIODERS. THE ROLLING BEEN AND POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PERIODERS. THE ROLLING BEEN AND POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PROVIDENCE MAY PROVIDED BY THE POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PROVIDENCE MAY PROVIDED BY THE POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PROVIDENCE MAY PROVIDENCE MAY PROVIDED BY THE POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PROVIDENCE MAY PROVIDED BY THE POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PROVIDENCE MAY PROVIDED BY THE POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR IMAY PROVIDENCE MAY PROVIDENCE	WOODLAND HILLS, CA 91367									NAIC#		
RASIER LC. RASIER CALLC. RASIER DC. LC. RASIER PALLC. 1455 MARKET STREET, 4TH FLOOR SAN FRANCISCO, CA 94193 USA  CERTIFICATE NUMBER: W-UBER-RASIER-PD  REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE USTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE USTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE USTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  REVISION NUMBER: THE REVISION	ATTN: STRATEGIC ACCOUNTS									21652		
RASIER OC LLC, RASIER PA LLC,  1455 MARKET STREET, 4TH FLOOR  SAN FRANCISCO, CA 941G0 USA  MISSIAND CONCERNING AVAIRABLE STREET AND RESERVED REPORT THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NUMBER FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED ON MAY PERFORM FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SECRETIFICATE MAY BE ISSUED TO THE INSURED DESCRIBED HEREIN SUBJECT TO JALL THE TERMS, SECRETIFICATE MAY BE ISSUED AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN RED, DUTY PRODUCTS OF PROJECT OF	INSURED											
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SAN FRANCISCO, CA 94103 USA  COVERAGES  CERTIFICATE NUMBER: IAJBERRANGE INJURIER PASSIER, PO  REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERIOD ON MA	RASIER-DC LLC, RASIER-PA LLC,				INSURE							
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MED EXP (Any one person)   S   PERSONAL & ADV INJURY   S   GENERAL AGREGATE LIMIT APPLIES PER   POLICY   PEO   LOC   OTHER   AUTOMOBILE LIABILITY   ANY AUTO   ONNED   AUTOS ONLY   AUTOS   AUTOS ONLY	30 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -							DAMAGE TO RENTED				
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UMBRELLA LIAB CCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTIONS  WORKERS COMPENSATION AND EMPLOYERS LIABILITY BETT LIABILITY BETT LIABILITY AND EMPLOYERS LIABILITY BETT LIABILITY AND EMPLOYERS LIABILITY BETT LIABILITY									\$			
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A BUS AUTO DAMAGE  606715832PD  12/31/2019  606/30/2020  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 "TNC Driver" is an individual operating a motor vehicle in connection with the Uber network. Covered autos are passenger autos used following the TNC Driver's logged/recorded acceptance in the Uber network using account credentials issued under a contract with a Named Insured to provide transportatio services while the TNC 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 TNC. Driver was insured for collision coverage under a personal auto policy that includes the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto.  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								DED.	\$			
A BUS AUTO DAMAGE  606715832PD  12/31/2019  66/30/2020  COMP DEDUCTIBLE \$1,000  COLL DETUCTION TOLL DETUCTION TOLL DETUCTION T	AND EMBLOVEDS! LIABILITY							STATUTE ER				
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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 "TNC Driver" is an individual operating a motor vehicle in connection with the Uber network. Covered autos are passenger autos used following the TNC Driver's logged/recorded acceptance in the Uber network using account credentials issued under a contract with a Named Insured to provide transportation services while the TNC 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 TNC. Driver was insured for collision coverage under a personal auto policy that includes the TNC Driver as an insured or the auto driven by the TNC Driver as a covered auto.  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.	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
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SAN FRANCISCO CA 94103 LISA  Nicola Hallantock					AUTHORIZED REPRESENTATIVE							
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SAN FRANCISCO, CA 94103 USA