



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 is certificate does not confer rights t							require an endorsement	. A st	tatement on		
	DUCER				CONTA		,					
FARMERS INSURANCE EXCHANGE						NAME: PHONE FAX						
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL			(A/C, No):				
WOO	DDLAND HILLS, CA 91367				ADDRE		NUDER(C) AFFOR	DING GOVERNOE		NAIC#		
ATTN: STRATEGIC ACCOUNTS						INSURER(S) AFFORDING COVERAGE INSURER A: FARMERS INSURANCE EXCHANGE						
INSU	RED											
	RASIER LLC, RASIER-CA LLC,				INSURER B: INSURER C:							
	RASIER-DC LLC, RASIER-PA LLC,											
	1455 MARKET STREET, 4TH FLOOR				INSURER D : INSURER E :							
	SAN FRANCISCO, CA 94103 USA											
				NUMBER: MD-UBER-RAS	INSURERF: SIER-PERIOD2/3 REVISION NUMBER:					-		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REFRIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR						88	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	0,000		
	ANY AUTO			606715842			06/30/2020	BODILY INJURY (Per person)	\$			
Α	OWNED SCHEDULED AUTOS					12/31/2019		BODILY INJURY (Per accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	UMBRELLALIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							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											
pass trans netw	uant to policy terms and conditions: A. "TNC enger autos while being used by a TNC Drive portation services provided the TNC Driver is ork and while en route to the pick up locationed to dropping-off of passengers. Uninsured /	er in co logge of the	onnected into	tion with the Uber network according to the Uber network and available ested transportation services, or	essed us le to reco or traveli	sing account cre eive requests, c ng to the final d	edentials issued or following the lestination of the	l under a contract with a Nam TNC Driver's recorded accep	ed Insu tance in	red to provide the Uber		
CF	RTIFICATE 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 LL	C,			AUTHORIZED REPRESENTATIVE							
	1455 MARKET STREET, 4TH FLO	OOR										
	SAN FRANCISCO, CA 94103 USA	4			Nicole Hallenbeck							





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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 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 t							require an endorsement	. A SI	atement on		
PRODUCER	CONTACT NAME:										
FARMERS INSURANCE EXCHANGE	PHONE FAX										
6303 OWENSMOUTH AVE, 4TH FLOOR					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
WOODLAND HILLS, CA 91367	INSURER(S) AFFORDING COVERAGE										
ATTN: STRATEGIC ACCOUNTS				INSURER A : FARMERS INSURANCE EXCHANGE 2							
INSURED				INSURER B:							
RASIER LLC, RASIER-CA LLC,				INSURER C:							
RASIER-DC LLC, RASIER-PA LLC,				INSURE							
1455 MARKET STREET, 4TH FLOOR				INSURE							
SAN FRANCISCO, CA 94103 USA		INSURER F:									
COVERAGES CER	TIFIC	CATE	NUMBER: MD-UBER-RAS	AND STATE OF WAR STATE OF WAR STATE OF							
INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY						
INSR TYPE OF INSURANCE		SUBR WVD	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)	\$ 50,000			
A OWNED SCHEDULED AUTOS ONLY AUTOS		606715841			12/31/2019	06/30/2020	BODILY INJURY (Per accident)	s 100,000			
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 25,000			
AUTOS ONET								pro ton anomor			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION\$								\$			
WORKERS COMPENSATION							PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							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 BEIOW							L.L. DIOLAGE - I GEIGT LIWIT	Ψ			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)				
Pursuant to policy terms and conditions: A. "TNC passenger autos while being used by a TNC Drive transportation services provided the TNC Driver is network and while en route to the pick up location limited to dropping-off of passengers.	er in c	onnect ed into	tion with the Uber network acc the Uber network and availab	essed us le to rec	sing account cre eive requests, c	edentials issued or following the	d under a contract with a Nam TNC Driver's recorded accep	ied Insu tance in	red to provide the Uber		
CERTIFICATE 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 LL 1455 MARKET STREET, 4TH FLO	AUTHORIZED REPRESENTATIVE										

Nicole Hallenbeck

SAN FRANCISCO, CA 94103 USA





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If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to			•	•	•	equire an endorsement	. A st	atement on		
PRODUCER	CONTACT									
FARMERS INSURANCE EXCHANGE	NAME: PHONE FAX									
6303 OWENSMOUTH AVE, 4TH FLOOR		PHONE								
WOODLAND HILLS, CA 91367			ADDRE							
ATTN: STRATEGIC ACCOUNTS					SURER(S) AFFOR S INSURANCE	DING COVERAGE		NAIC # 21652		
INSURED					21032					
RASIER LLC, RASIER-CA LLC,			INSURER B:							
RASIER-DC LLC, RASIER-PA LLC,			INSURE							
			INSURER D:							
1455 MARKET STREET, 4TH FLOOR			INSURER E :							
SAN FRANCISCO, CA 94103 USA	INSURER F:									
		NUMBER: MD-UBER-RAS				REVISION NUMBER:	<u> </u>	101/ 555105		
	UIREMEI RTAIN, DLICIES. DDL SUBR	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	CONTRACT THE POLICIES REDUCED BY I	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	OT TO Y	WHICH THIS		
COMMERCIAL GENERAL LIABILITY	SD WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)					
CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
GEALING INVEST.						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						BODILY INJURY (Per accident)	\$			
AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE	\$			
AUTOS ONLY AUTOS ONLY						(Per accident)	\$			
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$			
DED RETENTION\$						TOOREOTTE	\$			
WORKERS COMPENSATION						PER OTH- STATUTE ER	Ψ			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	/ A					E.L. DISEASE - EA EMPLOYEE				
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS BEIOW						E.L. DISEASE - POLICY LIMIT	Þ			
A BUS AUTO DAMAGE		606745040DD		10/21/2010	06/30/2020	COMP DEDUCTIBLE	\$1,000			
A BOOTO BY WINGE		606715842PD		12/31/2019	06/30/2020		\$1,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACOPD	101 Additional Remarks Schedul	le may he	attached if more	e space is require		φ1,000			
Limit is lesser of Actual Cash Value and Cost of Rep autos used following the TNC Driver's logged/records services while the TNC Driver is either en route to the loss, the covered auto driven by the TNC. Driver was TNC Driver as a covered auto.	air. A "TN ed accept e pickup l	NC Driver" is an individual oper tance in the Uber network usin location or traveling to the final	ating a n g accour destina	notor vehicle in nt credentials is tion of the reque	connection with ssued under a c ested transporta	n the Uber network. Covered a contract with a Named Insured ation services. Coverage only	to prov	ide transportation if at the time of		
CERTIFICATE 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	R		AUTHORIZED REPRESENTATIVE							
SAN FRANCISCO, CA 94103 USA	•		Nicole Hallenbeck							

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