



## **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.

If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject his certificate does not confer rights to the certificate does not confer rights to the confer rights to the certificate does not confer rights to the certificate holder is the certificate does not confer rights to the certificate holder is the certificate holder is the certificate holder is the	to th	e tei	rms and conditions of th	e polic	y, certain po	olicies may r						
_	DUCER	CONTACT											
	MERS INSURANCE EXCHANGE	NAME:   PHONE											
6303	3 OWENSMOUTH AVE, 4TH FLOOR	(A/C, No E-MAIL	o, Ext):			(A/C, No):							
wo	DDLAND HILLS, CA 91367				E-MAIL ADDRESS:								
	N: STRATEGIC ACCOUNTS	INSURER(S) AFFORDING COVERAGE						NAIC # 21652					
					INSURER A: FARMERS INSURANCE EXCHANGE						21002		
INSU	RASIER LLC, RASIER-CA LLC,				INSURER B:								
	,				INSURE	RC:							
	RASIER-DC LLC, RASIER-PA LLC,				INSURE								
	1455 MARKET STREET, 4TH FLOOR				INSURER E :								
	SAN FRANCISCO, CA 94103 USA				INSURER F:								
				NUMBER: MO-UBER-RAS				REVISION NUM					
INSR	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT/ POLIC	EMEI AIN, CIES. SUBR	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUE	H RESPECE TO	O ALL	WHICH THIS		
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		\$			
	CLAIMS-MADEOCCUR							PREMISES (Ea occu	urrence)	\$			
								MED EXP (Any one	person)	\$			
								PERSONAL & ADV I	INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$			
	OTHER:									\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMII	\$ 1,00	0,000		
	ANY AUTO				1:		06/30/2020	BODILY INJURY (Pe					
Α	OWNED SCHEDULED AUTOS			606715847		12/31/2019		,	ILY INJURY (Per accident) \$				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$			
								,		\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION \$									\$			
	WORKERS COMPENSATION							PER STATUTE	OTH- ER				
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN	•	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (if yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA E						
							E.L. DISEASE - POLICY LIMIT		\$				
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISLASE - FOL	ICT LIMIT	Ψ			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101. Additional Remarks Schedul	e. mav h	attached if more	space is require	l					
Purs pass tran netv	earn to wor or creamons / Eccanons / Venes, want to policy terms and conditions: A. "TNC beenger autos while being used by a TNC Driver is sportation services provided the TNC Driver is rork and while en route to the pick up location ed to dropping-off of passengers. Uninsured /	Driver" er in co logge of the	is an innect d into reque	individual who is operating a rition with the Uber network accepte Uber network and available ested transportation services, co	notor ve essed us e to reco or travelio	hicle in connect sing account cre eive requests, o ng to the final de	tion with the usedentials issued in following the estination of the	e of the Uber netwo d under a contract v TNC Driver's record	with a Nam ded accep	ned Insu tance in	red to provide the Uber		
<u></u>	DITIEICATE HOLDED				CANG	CILATION							
CE	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				AUTHORIZED REPRESENTATIVE								
	1455 MARKET STREET, 4TH FLO				1): all de Markart								
	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.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endo	rsement	. A st	atement on		
PRODUCER						CONTACT							
FARMERS INSURANCE EXCHANGE						NAME:         FAX           PHONE (A/C, No, Ext):         (A/C, No):							
6303	3 OWENSMOUTH AVE, 4TH FLOOR	(A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS:											
woo	ODLAND HILLS, CA 91367												
	N: STRATEGIC ACCOUNTS				INSURER(S) AFFORDING COVERAGE INSURER A : FARMERS INSURANCE EXCHANGE						NAIC # 21652		
					INSURE	21052							
INSU					INSURER B:								
	RASIER LLC, RASIER-CA LLC,				INSURER C:								
	RASIER-DC LLC, RASIER-PA LLC,				INSURER D:								
	1455 MARKET STREET, 4TH FLOOR				INSURER E :								
	SAN FRANCISCO, CA 94103 USA				INSURER F:								
				NUMBER: MO-UBER-RAS				REVISION NUM					
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIRI PERTA	EMEN AIN, <sup>-</sup> SIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN'	CONTRACT THE POLICIES	OR OTHER IS DESCRIBED	OCUMENT WITH	H RESPEC	CT TO	WHICH THIS		
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S			
	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTE PREMISES (Ea occu	ED	\$			
	02 11110 1111 122 [ ] 000011							MED EXP (Any one		\$			
								PERSONAL & ADV I	·	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP		\$			
								PRODUCTS - COMP	-/OF AGG	\$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$			
	ANY AUTO					12/31/2019	06/30/2020	(Ea accident) BODILY INJURY (Pe	er nerson)	\$ 50.0	00		
_	OWNED SCHEDULED			606715846				BODILY INJURY (Per accident) \$ 100,0					
Α	AUTOS ONLY AUTOS NON-OWNED			0007 13040		12/31/2019		PROPERTY DAMAGE \$ 25.0					
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$ 23,0			
	UMBRELLA LIAB OCCUB												
	EVOLUE COCCUR									\$			
	CLAIWS-WADE							AGGREGATE		\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER	OTH-	\$			
	AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE								\$				
(Mandatory in NH)  If yes, describe under								E.L. DISEASE - EA EMPLOYEE		\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	e space is require	ed)					
Purs pass trans netw	suant to policy terms and conditions: A. "TNC E senger autos while being used by a TNC Driver sportation services provided the TNC Driver is york and while en route to the pick up location of ed to dropping-off of passengers.	Driver" r in co logged	is an nnect d into	individual who is operating a rion with the Uber network accetthe Uber network and available	motor ve essed us le to rece	hicle in connections account creative requests, c	tion with the usedentials issued or following the	e of the Uber netwo d under a contract v TNC Driver's recon	with a Nam ded accept	ed Insu tance in	red to provide the Uber		
CE	RTIFICATE 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.											
					AUTHO	RIZED REPRESE	NTATIVE						
	1455 MARKET STREET, 4TH FLO	Nicola Hallankaak											





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If SUBROGATION IS WAIVED, subject this certificate does not confer rights	to th	ne ter	rms and conditions of th	e polic	y, certain po	olicies may ı	•		t. A st	tatement on	
PRODUCER	I CONTACT										
FARMERS INSURANCE EXCHANGE	NAME:         FAX           PHONE (A/C, No, Ext):         (A/C, No):										
6303 OWENSMOUTH AVE, 4TH FLOOR	(A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS:										
WOODLAND HILLS, CA 91367								NAIC#			
ATTN: STRATEGIC ACCOUNTS	INSURER(S) AFFORDING COVERAGE  EADMEDS INSURANCE EYCHANGE  21										
INSURED				INSURER A: FARMERS INSURANCE EXCHANGE 2168							
RASIER LLC, RASIER-CA LLC,				INSURER B:							
RASIER-DC LLC, RASIER-PA LLC,				INSURER C:							
,				INSURER D:							
1455 MARKET STREET, 4TH FLOOR				INSURER E :							
SAN FRANCISCO, CA 94103 USA				INSURER F:							
			NUMBER: MO-UBER-RAS				REVISION NUM		UE DOI	IOV DEDICE	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMENTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	CONTRACT THE POLICIES REDUCED BY 1	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUI	H RESPE	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENT		\$		
CLAIMS-MADE OCCUR							PREMISES (Ea occi	urrence)	\$		
							MED EXP (Any one	person)	\$		
							PERSONAL & ADV	INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$		
POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
OTHER:							0011011150 0111015		\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMII	\$		
ANY AUTO							BODILY INJURY (Pe	er person)	\$		
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$		
									\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENG	CE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
DED RETENTION\$									\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	JCY LIMIT	\$		
A BUS AUTO DAMAGE			606715847PD		12/31/2019	06/30/2020	COMP DEDUCTION	BLE	\$1,000		
							COLL DEDUCTIBLE \$1,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Limit is lesser of Actual Cash Value and Cost of Fautos used following the TNC Driver's logged/reconservices while the TNC Driver is either en route to	tepair. orded	A "TN accept	IC Driver" is an individual operatance in the Uber network using	ating a n	notor vehicle in nt credentials is	connection with sued under a c	h the Uber network contract with a Nam	ed Insured	d to prov	vide transportation	
loss, the covered auto driven by the TNC. Driver of TNC Driver as a covered auto.			=								
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	C,			AUTHORIZED REPRESENTATIVE							
1455 MARKET STREET, 4TH FL	OOR										
SAN FRANCISCO, CA 94103 US	A			Nicole Hallenbeck							

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