



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 his certificate does not confer rights t				•	•	,	equire an endorsement	. A st	tatement on		
	DUCER	-			CONTA NAME:		<u>, </u>					
FARMERS INSURANCE EXCHANGE						PHONE FAX						
6303	3 OWENSMOUTH AVE, 4TH FLOOR				(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:							
WOO	DDLAND HILLS, CA 91367				ADDRE		LIDED(S) AEEOB	DING COVERAGE		NAIC#		
ATT	N: STRATEGIC ACCOUNTS				INCLIDE	RA: FARMER		EXCHANGE		21652		
INSU	IRED						00002					
	RASIER LLC, RASIER-CA LLC,				INSURE							
	RASIER-DC LLC, RASIER-PA LLC,				INSURE							
	1455 MARKET STREET, 4TH FLOOR				INSURER D:							
SAN FRANCISCO, CA 94103 USA						INSURER E :						
	<u> </u>	TIEI	~ A T E	NIIMDED. W// LIDED DAS	INSURER F:							
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: WV-UBER-RAS				REVISION NUMBER:	JE DOI	ICV DEDIOD		
IN C E INSR	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	QUIF PERT POLI	REME TAIN, CIES. I <mark>SUBR</mark>	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	O ALL	WHICH THIS		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)					
								DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
	OFANI, ACCORDO ATE LIMIT ADDILIGO DED.							PERSONAL & ADV INJURY	\$			
	POLICY PROJECT LOC							GENERAL AGGREGATE	\$			
								PRODUCTS - COMP/OP AGG	\$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,00	0.000		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 1,00	0,000		
	OWNED SCHEDULED			606715872		12/31/2019	06/30/2020	BODILY INJURY (Per accident)	\$			
Α	AUTOS ONLY AUTOS NON-OWNED			000713072		12/31/2019	00/30/2020	PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUP											
	EVOTOG LIAB OCCUR							EACH OCCURRENCE	\$			
	CLAINS-WADE							AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
	AND EMPLOYERS' LIABILITY Y/N											
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLICY LIMIT	\$			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•						•				
pass trans netw	suant to policy terms and conditions: A. "TNC beinger autos while being used by a TNC Drive sportation services provided the TNC Driver is work and while en route to the pick up location and to dropping-off of passengers. Uninsured /	er in co logge of the	onnec ed into e reque	tion with the Uber network acce the Uber network and available ested transportation services, o	essed us e to rec r traveli	sing account cre eive requests, o ng to the final de	edentials issued or following the estination of the	l under a contract with a Nam TNC Driver's recorded accep	ied Insu tance ir	red to provide the Uber		
												
CERTIFICATE HOLDER RASIER LLC, RASIER-CA LLC,						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.						
RASIER-DC LLC, RASIER-PA LLC,					AUTHO	RIZED REPRESEI	NTATIVE					
	1455 MARKET STREET, 4TH FLO	JUR						Paula and	<u>`</u> م. ر	1100		

SAN FRANCISCO, CA 94103 USA





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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement	. As	tatement on	
	DUCER	-			CONTA NAME:		<u>, </u>				
FAR	MERS INSURANCE EXCHANGE				PHONE			FAX			
6303	OWENSMOUTH AVE, 4TH FLOOR				(A/C, No			(A/C, No):			
WO	DDLAND HILLS, CA 91367				ADDRE		UDED(E) AFFOR	DING COVERAGE		NAIC#	
ATT	N: STRATEGIC ACCOUNTS				INSURE		21652				
INSL							1.002				
	RASIER LLC, RASIER-CA LLC,				INSURE					1	
	RASIER-DC LLC, RASIER-PA LLC,				INSURE						
	1455 MARKET STREET, 4TH FLOOR				INSURER D :						
	SAN FRANCISCO, CA 94103 USA				INSURER E :						
	<u> </u>			- AULINED DAG	INSURER F:						
				NUMBER: WV-UBER-RAS				REVISION NUMBER:	IE DOI	LICY DEDICE	
IN C E: INSR	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES. SUBR	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER DESCRIBED PAID CLAIMS.	OOCUMENT WITH RESPECT TO	OT TO	WHICH THIS	
LTR	COMMERCIAL GENERAL LIABILITY		WVD	POLICY NUMBER	(MM/DD/YYYY)		(MM/DD/YYYY)				
								DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$ 50,0	00	
Α	OWNED SCHEDULED			606715871		12/31/2019	06/30/2020	BODILY INJURY (Per accident)	\$ 100,000		
^	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$ 25,0		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUB							EAGLI GOOLIDDENIGE	\$		
	EVOTOG LIAD OCCUR							EACH OCCURRENCE			
	CLAIIVIS-IVIADL	-						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								_		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	0 101, Additional Remarks Schedul	e, may b	attached if more	space is require	ed)			
pass trans netw	uant to policy terms and conditions: A. "TNC tenger autos while being used by a TNC Drive sportation services provided the TNC Driver is rork and while en route to the pick up location and to dropping-off of passengers.	er in c	onnec ed into	tion with the Uber network acce the Uber network and availabl	essed us e to rec	sing account cre eive requests, o	edentials issued or following the	I under a contract with a Nam TNC Driver's recorded accep	ied Insu tance ir	ured to provide n the Uber	
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. AUTHORIZED REPRESENTATIVE						
	1455 MARKET STREET, 4TH FLO	OOR			Raymand Saylar.						

SAN FRANCISCO, CA 94103 USA





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If SUBROGATION IS WAIVED, subject to the te this certificate does not confer rights to the cer			•	require an endorsement	. A stat	ement on		
PRODUCER		CONTACT						
FARMERS INSURANCE EXCHANGE		NAME: PHONE FAX						
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 INSURER A FARMERS INSURANCE EXCHANGE 21						
INSURED		INSURER A.						
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 F:						
	E NUMBER: WV-UBER-RAS			REVISION NUMBER:	.= = = : : :			
THIS IS TO CERTIFY THAT THE POLICIES OF INSU INDICATED. NOTWITHSTANDING ANY REQUIREME CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	FOR OTHER I ES DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO W	HICH THIS		
LTR TYPE OF INSURANCE INSD WVD		(MM/DD/YYYY)	POLICY EXP (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- 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 NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$			
AUTOS GNET				(i or decidenty	\$			
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$			
DED RETENTION \$				//OOKEO/ITE	\$			
WORKERS COMPENSATION				PER OTH- STATUTE ER	Ψ			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N				E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE				
If ves, describe under								
DÉSCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$			
A BUS AUTO DAMAGE	C0C74F070DD	40/04/0040	00/20/2020	COMP DEDUCTIBLE	\$1,000			
A BOS ACTO DAWAGE	606715872PD	12/31/2019	06/30/2020		\$1,000			
DESCRIPTION OF OREDATIONS (LOCATIONS (VEHICLES (ACCEPT	D 404 A ddistance Demonstra Octobrida				\$1,000			
Limit is lesser of Actual Cash Value and Cost of Repair. A "TI autos used following the TNC Driver's logged/recorded accepservices while the TNC Driver is either en route to the pickup loss, the covered auto driven by the TNC. Driver was insured TNC Driver as a covered auto.	NC Driver" is an individual opera ptance in the Uber network using location or traveling to the final	ating a motor vehicle in g account credentials in destination of the requ	n connection wit ssued under a duested transport	h the Uber network. Covered contract with a Named Insured ation services. Coverage only	to provide applies if	e transportation at the time of		
CERTIFICATE HOLDER		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
RASIER LLC, RASIER-CA LLC,		AUTHORIZED REPRESENTATIVE RAWMAND Soular.						
RASIER-DC LLC, RASIER-PA LLC,								
1455 MARKET STREET, 4TH FLOOR								

SAN FRANCISCO, CA 94103 USA