



## **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							equire an endorsement	. A st	atement on		
	DUCER				CONTA		,					
FAR	MERS INSURANCE EXCHANGE				NAME: PHONE FAX							
6303	OWENSMOUTH AVE, 4TH FLOOR				(A/C, No, Ext): (A/C, No):							
WOO	DDLAND HILLS, CA 91367				ADDRESS:							
	N: STRATEGIC ACCOUNTS				INSURER(S) AFFORDING COVERAGE N. INSURER A . FARMERS INSURANCE EXCHANGE 21652							
					INSURER A: FARMERS INSURANCE EXCHANGE 216							
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: SA-UBER-GA-0				REVISION NUMBER:				
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD! LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	OT TO	WHICH THIS		
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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)	\$ 1,000	0,000		
	ANY AUTO							BODILY INJURY (Per person)	\$			
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			606715805		03/01/2019	03/01/2020	BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	- SVOESO LIAD											
	CLAIIVIS-IVIADL	-						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	\$			
Purs pass trans netw	can 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 location ad to dropping-off of passengers. Uninsured /	Driver er in co logge of the	" is an onnected into e reque	individual who is operating a r tion with the Uber network acce the Uber network and available ested transportation services, o	notor ve essed us e to rec or traveli	chicle in connect sing account cre eive requests, c ng to the final d	tion with the use edentials issued or following the estination of the	e of the Uber network. B. Cov 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	AUTHORIZED REPRESENTATIVE										

SAN FRANCISCO, CA 94103 USA





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	SUBROGATION IS WAIVED, subject as certificate does not confer rights to							equire an endorsement	. A st	atement on			
_	DUCER				CONTACT								
FARI	MERS INSURANCE EXCHANGE				NAME:         FAX           PHONE (A/C, No, Ext):         (A/C, No):								
6303	3 OWENSMOUTH AVE, 4TH FLOOR				l E-MAIL								
woo	DDLAND HILLS, CA 91367				ADDRESS:								
ATT	N: STRATEGIC ACCOUNTS							DING COVERAGE		NAIC #			
INSU					INSURER A: FARMERS INSURANCE EXCHANGE 21652								
INSU	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: SA-UBER-GA-C				REVISION NUMBER:	IE DOI	10)/ 555105			
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.										WHICH THIS			
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)		(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			
Α	OWNED SCHEDULED			606715804		03/01/2019	03/01/2020	BODILY INJURY (Per accident)	\$ 100,000				
, ,	AUTOS ONLY HIRED AUTOS NON-OWNED							PROPERTY DAMAGE	\$ 50,00	00			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$				
	UMBRELLA LIAB OCCUR							EAGU GGGUPPENGE					
	EXOCOLUED OCCUR							EACH OCCURRENCE	\$				
	CLAIIVIS-IVIADE							AGGREGATE	\$				
	DED   RETENTION \$   WORKERS COMPENSATION							PER OTH-	\$				
	AND EMPLOYERS' LIABILITY Y / N							STATUTE   ER					
	OI I IOLIVINILINIDEIXEXOLODED.	N/A						E.L. EACH ACCIDENT	\$				
(Mandatory in NH)  If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$				
	DÉSCRIPTION OF OPERATIONS below			<del> </del>				E.L. DISEASE - POLICY LIMIT	\$				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  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.													
CE	CERTIFICATE HOLDER CANCELLATION												
CEI	TIFICATE HULDER	1	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 FLO				AUTHORIZED REPRESENTATIVE								
					DocuSigned by:								
	SAN FRANCISCO, CA 94103 USA	١.			Charma Elmandia								





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lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	he te	rms and conditions of th	e polic	cy, certain po	olicies may r	•				
	DUCER				CONTACT NAME:							
	MERS INSURANCE EXCHANGE				NAME: PHONE							
6303	OWENSMOUTH AVE, 4TH FLOOR				E-MAIL	o, Ext):		(A/C, No):				
woo	DDLAND HILLS, CA 91367				E-MAIL ADDRESS:							
	N: STRATEGIC ACCOUNTS							DING COVERAGE		NAIC #		
					INSURER A: FARMERS INSURANCE EXCHANGE 21652							
INSU					INSURER B:							
	RASIER LLC, RASIER-CA LLC,				INSURER C:							
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IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	CT TO	WHICH THIS		
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (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- LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	ACTOS CINET							(i di docidoni)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$							HOOKEONIE	s			
	WORKERS COMPENSATION							PER OTH-	Ψ			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE				
	If ves. describe under											
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	BUS AUTO DAMAGE			000745005DD		00/04/0040	00/04/0000	COMP DEDUCTIBLE	\$1,000			
A	BOO AO TO DAWAGE			606715805PD		03/01/2019	03/01/2020		\$1,000			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	FC //	A CODE	A04 Additional Remarks Cahadul					φ1,000			
Limit Cove Insur Cove	is lesser of Actual Cash Value and Cost of Regred autos are passenger autos used following ed to provide transportation services while the grage only applies if at the time of loss, the core was insured for collision coverage under a page.	epair. g the TNC vered	A "TN TNC E C Drive auto	NC Driver" is an individual oper. Driver's logged/recorded accepter is either en route to the pickudriven by the TNC	ating a r tance in up locati	motor vehicle in the Uber netwo on or traveling t	connection with ork using account or the final desti	n the Uber network.  nt credentials issued under a nation of the requested trans	portatio	n services.		
RASIER LLC, RASIER-CA LLC, RASIER-DC LLC, RASIER-PA 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.						
	1455 MARKET STREET, 4TH FLC				AUTHORIZED REPRESENTATIVE							
					DocuSigned by:							

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