



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
02/20/2020

**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).**

<b>PRODUCER</b> Aon Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street Suite 2800 San Francisco CA 94105 USA	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C. No. Ext):</b>	<b>FAX (A/C. No.):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Rasier-NY LLC, Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC, Rasier-MT LLC and Hinter-NM LLC 636 28th Street, 3rd Floor New York NY 10001 USA	<b>INSURER A:</b> Allstate Insurance Co	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER: 570080581097**      **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			648840058	03/01/2020	03/01/2021	COMBINED SINGLE LIMIT (Ea accident)      \$1,250,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

Certificate No : 570080581097

**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. "Transportation Network Company Driver" means an individual who is operating a motor vehicle in connection with the use of the "Digital Network". B. Covered autos are passenger autos while being used by a "Transportation Network Company Driver" in connection with the "Digital Network" accessed using account credentials issued under a contract with a Named Insured to provide transportation services provided the "Transportation Network Company Driver" is logged into the "Digital Network" and available to receive requests, or following the "Transportation Network Company Driver's" recorded acceptance in the "Digital 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. Uninsured / Underinsured Bodily Injury included as further described in the policy.

<b>CERTIFICATE HOLDER</b>  Rasier-NY LLC, Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC, Rasier-MT LLC and Hinter-NM LLC 636 28th Street, 3rd Floor New York NY 10001 USA	<b>CANCELLATION</b>  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  
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LOC #:

# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Rasier-NY LLC, Rasier LLC,	
POLICY NUMBER See Certificate Number: 570080581097		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570080581097	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

**Important Notice:**

This Certificate of Insurance evidences the coverages available to you as a group member (driver) of Rasier-NY, LLC's (Uber's) group insurance policy, which is incorporated by reference. This policy is in compliance with the financial responsibility requirements of Vehicle and Traffic Law section 1693(3)(a) and regulations promulgated thereunder; but does not provide coverage as provided under Vehicle and Traffic Law section 1693(2)(a).

Policy issued by: Allstate Insurance Company, 2775 Sanders Road, Northbrook Illinois, 60062



# CERTIFICATE OF LIABILITY INSURANCE

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02/20/2020

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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).**

<b>PRODUCER</b> Aon Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street Suite 2800 San Francisco CA 94105 USA	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C. No. Ext):</b>	<b>FAX (A/C. No.):</b>	
<b>E-MAIL ADDRESS:</b>			
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b> Rasier-NY LLC, Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC, Rasier-MT LLC and Hinter-NM LLC 636 28th Street, 3rd Floor New York NY 10001 USA	<b>INSURER A:</b> Allstate Insurance Co		19232
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER: 570080581101**      **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			648840056	03/01/2020	03/01/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)      \$75,000 BODILY INJURY (Per accident)      \$150,000 PROPERTY DAMAGE (Per accident)      \$25,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE 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. "Transportation Network Company Driver" means an individual who is operating a motor vehicle in connection with the use of the "Digital Network". B. Covered autos are passenger autos while being used by a "Transportation Network Company Driver" in connection with the "Digital Network" accessed using account credentials issued under a contract with a Named Insured to provide transportation services provided the "Transportation Network Company Driver" is logged into the "Digital Network" and available to receive requests, or following the "Transportation Network Company Driver's" recorded acceptance in the "Digital 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

<b>CERTIFICATE HOLDER</b>  Rasier-NY LLC, Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC, Rasier-MT LLC and Hinter-NM LLC 636 28th Street, 3rd Floor New York NY 10001 USA	<b>CANCELLATION</b>  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  
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Holder Identifier :

Certificate No : 570080581101





LOC #:

# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Rasier-NY LLC, Rasier LLC,	
POLICY NUMBER See Certificate Number: 570080581101		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570080581101	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

**Important Notice:**  
 This Certificate of Insurance evidences the coverages available to you as a group member (driver) of Rasier-NY, LLC's (Uber's) group insurance policy, which is incorporated by reference. This policy is in compliance with the financial responsibility requirements of Vehicle and Traffic Law section 1693(2)(a) and regulations promulgated thereunder but does not provide coverage as provided under Vehicle and Traffic Law section 1693(3)(a).  
 Policy issued by: Allstate Insurance Company, 2775 Sanders Road, Northbrook Illinois, 60062.



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<b>PRODUCER</b> Aon Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street Suite 2800 San Francisco CA 94105 USA	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C. No. Ext):</b>	<b>FAX (A/C. No.):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor San Francisco CA 94103 USA	<b>INSURER A:</b> Allstate Insurance Co	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER: 570080581104**      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A PER STATUTE    OTH-ER
A	Bus Auto Damage			648840058 Auto Physical Damage	03/01/2020	03/01/2021	Comp Deductible \$1,000 Coll Deductible \$1,000

Certificate No : 570080581104

**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 "Rideshare Driver" is an individual operating a motor vehicle in connection with the UberPartner App. Covered autos are passenger autos used following the Rideshare Driver's logged/recorded acceptance in the UberPartner App using account credentials issued under a contract with a Named Insured to provide transportation services while the Rideshare 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 Rideshare Driver was insured for collision coverage under a personal auto policy that includes the Rideshare Driver as an insured or the auto driven by the Rideshare Driver as a covered auto.

<b>CERTIFICATE HOLDER</b>  Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor San Francisco CA 94103 USA	<b>CANCELLATION</b>  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  
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LOC #:

# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Rasier LLC, Rasier-CA LLC,	
POLICY NUMBER See Certificate Number: 570080581104		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570080581104	NAIC CODE		

**ADDITIONAL REMARKS**

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**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

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Policy issued by: Allstate Insurance Company, 2775 Sanders Road, Northbrook Illinois, 60062

Comp/Coll \$1,000 (Contingent on driver having comp/coll on their personal auto policy).