

To report a claim, please visit: <http://t.uber.com/claims>



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
01/02/2020

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><br>Aon Risk Insurance Services West, Inc.<br>San Francisco CA Office<br>425 Market Street<br>Suite 2800<br>San Francisco CA 94105 USA | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext):<br>E-MAIL ADDRESS: |  | <b>FAX (A/C. No.):</b> |
|                                                                                                                                                       | <b>INSURER(S) AFFORDING COVERAGE</b>                             |  | <b>NAIC #</b>          |
| <b>INSURED</b><br>Rasier LLC, Rasier-CA LLC,<br>Rasier-DC LLC, Rasier-PA LLC<br>1455 Market Street, 4th Floor<br>San Francisco CA 94103 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:** 570079998823 **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><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:              |           |          |               |                         |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |           |          | 648840028     | 03/01/2019              | 03/01/2020              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)                  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION                                                                                                                      |           |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE                                                                                                                                     |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                             |           | N/A      |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT<br>E.L. DISEASE-EA EMPLOYEE<br>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. "Rideshare Driver" means an individual who is operating a motor vehicle in connection with the use of the "Digital Network application". B. Covered autos are passenger autos while being used by a "Rideshare Driver" in connection with the "Digital Network application" accessed using account credentials issued under a contract with a Named Insured to provide transportation services provided the "Rideshare Driver" has recorded acceptance in the "Digital Network application" and while en route to the pick up location of the requested transportation services, or travelling 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                                          |                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rasier LLC, Rasier-CA LLC<br>Rasier-DC LLC, Rasier-PA LLC<br>1455 Market Street, 4th Floor<br>San Francisco CA 94103 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                                                                                          | <b>AUTHORIZED REPRESENTATIVE</b><br><br><i>Aon Risk Insurance Services West Inc.</i>                                                                           |

Holder Identifier :

Certificate No : 570079998823



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|                                                                                                                                                       |                                         |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|
| <b>PRODUCER</b><br>Aon Risk Insurance Services West, Inc.<br>San Francisco CA Office<br>425 Market Street<br>Suite 2800<br>San Francisco CA 94105 USA | <b>CONTACT NAME:</b>                    |                        |
|                                                                                                                                                       | <b>PHONE (A/C. No. Ext):</b>            | <b>FAX (A/C. No.):</b> |
| <b>INSURED</b><br>Rasier LLC, Rasier-CA LLC,<br>Rasier-DC LLC, Rasier-PA LLC<br>1455 Market Street, 4th Floor<br>San Francisco CA 94103 USA           | <b>E-MAIL ADDRESS:</b>                  |                        |
|                                                                                                                                                       | <b>INSURER(S) AFFORDING COVERAGE</b>    |                        |
|                                                                                                                                                       | <b>NAIC #</b>                           |                        |
|                                                                                                                                                       | <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:** 570079998818 **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><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:              |                                                         |          |               |                         |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |                                                         |          | 648840026     | 03/01/2019              | 03/01/2020              | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person) \$50,000<br>BODILY INJURY (Per accident) \$100,000<br>PROPERTY DAMAGE (Per accident) \$30,000  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><b>DED</b> <input type="checkbox"/> RETENTION                                                                                                               |                                                         |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE                                                                                                                                     |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                             | <input type="checkbox"/> Y / <input type="checkbox"/> N | N / A    |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT<br>E.L. DISEASE-EA EMPLOYEE<br>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. "Rideshare Driver" is an individual that is operating a motor vehicle in connection with the use of the "Digital Network application". B. Covered autos are passenger autos being used in connection with the "Digital Network application" using account credentials issued under a contract with a Named Insured while the Rideshare Driver 1.) has logged in to the "Digital Network application" and is available to receive requests for transportation services requested through the "Digital Network application" and 2.) has not accepted a request through the "Digital Network application" and is not transporting a passenger or property for a fee or other compensation.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                                          |                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rasier LLC, Rasier-CA LLC<br>Rasier-DC LLC, Rasier-PA LLC<br>1455 Market Street, 4th Floor<br>San Francisco CA 94103 USA | 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<br><br><i>Aon Risk Insurance Services West Inc.</i>                                                                                  |

Certificate No : 570079998818



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|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|
| <b>PRODUCER</b><br>Aon Risk Insurance Services West, Inc.<br>San Francisco CA Office<br>425 Market Street<br>Suite 2800<br>San Francisco CA 94105 USA | <b>CONTACT NAME:</b>                    |                        |
|                                                                                                                                                       | <b>PHONE (A/C. No. Ext):</b>            | <b>FAX (A/C. No.):</b> |
| <b>INSURED</b><br>Rasier LLC, Rasier-CA LLC,<br>Rasier-DC LLC, Rasier-PA LLC<br>1455 Market Street, 4th Floor<br>San Francisco CA 94103 USA           | <b>E-MAIL ADDRESS:</b>                  |                        |
|                                                                                                                                                       | <b>INSURER(S) AFFORDING COVERAGE</b>    |                        |
|                                                                                                                                                       | <b>NAIC #</b>                           |                        |
|                                                                                                                                                       | <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:** 570079998827 **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>                                                            |                                                       |          |                                   |                         |                         | EACH OCCURRENCE                                                      |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |                                                       |          |                                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                            |
|          |                                                                                                |                                                       |          |                                   |                         |                         | MED EXP (Any one person)                                             |
|          |                                                                                                |                                                       |          |                                   |                         |                         | PERSONAL & ADV INJURY                                                |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                             |                                                       |          |                                   |                         |                         | GENERAL AGGREGATE                                                    |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                                       |          |                                   |                         |                         | PRODUCTS - COMP/OP AGG                                               |
|          | OTHER:                                                                                         |                                                       |          |                                   |                         |                         |                                                                      |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                    |                                                       |          |                                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                                  |
|          | <input type="checkbox"/> ANY AUTO                                                              |                                                       |          |                                   |                         |                         | BODILY INJURY (Per person)                                           |
|          | <input type="checkbox"/> OWNED AUTOS ONLY                                                      | <input type="checkbox"/> SCHEDULED AUTOS              |          |                                   |                         |                         | BODILY INJURY (Per accident)                                         |
|          | <input type="checkbox"/> HIRED AUTOS ONLY                                                      | <input type="checkbox"/> NON-OWNED AUTOS ONLY         |          |                                   |                         |                         | PROPERTY DAMAGE (Per accident)                                       |
|          |                                                                                                |                                                       |          |                                   |                         |                         |                                                                      |
|          | <b>UMBRELLA LIAB</b>                                                                           | <input type="checkbox"/> OCCUR                        |          |                                   |                         |                         | EACH OCCURRENCE                                                      |
|          | <b>EXCESS LIAB</b>                                                                             | <input type="checkbox"/> CLAIMS-MADE                  |          |                                   |                         |                         | AGGREGATE                                                            |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION                                |                                                       |          |                                   |                         |                         |                                                                      |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                           |                                                       |          |                                   |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A      |                                   |                         |                         | E.L. EACH ACCIDENT                                                   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                         |                                                       |          |                                   |                         |                         | E.L. DISEASE-EA EMPLOYEE                                             |
|          |                                                                                                |                                                       |          |                                   |                         |                         | E.L. DISEASE-POLICY LIMIT                                            |
| A        | Bus Auto Damage                                                                                |                                                       |          | 648840028<br>Auto Physical Damage | 03/01/2019              | 03/01/2020              | Comp Deductuctible<br>Coll Deductible                                |
|          |                                                                                                |                                                       |          |                                   |                         |                         | \$1,000<br>\$1,000                                                   |

Certificate No : 570079998827

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 "Digital Network application". Covered autos are passenger autos used following the "Rideshare Driver's" logged/recorded acceptance in the "Digital Network application" 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 comprehensive and/or 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.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                                          |                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
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|                                                                                                                          | AUTHORIZED REPRESENTATIVE<br><br><i>Aon Risk Insurance Services West Inc.</i>                                                                                  |