

#### CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/28/2023

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		
PRODUCER AON Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street Suite 2800	CONTACT NAME: PHONE (A/C. No. Ext): (A/C. No.): E-MAIL ADDRESS:	
San Francisco CA 94105 USA	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURER A: Liberty Mutual Fire Ins Co	23035
Rasier-NY LLC, Rasier LLC,	INSURER B:	
Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC, Rasier-MT LLC and	INSURER C:	
Hinter-NM LLC 636 28th Street. 3rd Floor	INSURER D:	
New York NY 10001 USA	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 5700980189	77 REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL 1	WHICH THIS THE TERMS,

	CECOICING AND CONDITIONS OF SOCI						Limits snown are as requested
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (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:						
Α	AUTOMOBILE LIABILITY			AS2-665-067247-453	03/01/2023	03/01/2024	COMBINED SINGLE LIMIT \$1,250,000
	ANYAUTO						BODILY INJURY ( Per person)
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)
	AUTOS ONLY HIRED AUTOS ONLY  AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE
	EXCESS LIAB CLAIMS-MADE						AGGREGATE
	DED RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-
	ANY PROPRIETOR / PARTNER / EXECUTIVE						E.L. EACH ACCIDENT
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT
			<u> </u>				

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

CERTIFICATE HOLDER	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-NY LLC, Rasier LLC, Rasier-CA LLC, Rasier-DC LLC,	AUTHORIZED REPRESENTATIVE
RASIET-CA LLC, RASIET-DC LLC, RASIET-PA LLC, RASIET-MT LLC and Hinter-NM LLC 636 28th Street, 3rd Floor New York NY 10001 USA	Aon Rish Insurance Services West, Inc.





# **ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY		NAMED INSURED
Aon Risk Insurance Services West, Inc.		Rasier-NY LLC, Rasier LLC,
POLICY NUMBER See Certificate Number: 570098018907		
CARRIER	NAIC CODE	
See Certificate Number: 570098018907		EFFECTIVE DATE:

CARRIER	NAIC CODE					
See Certificate Number: 570098018907		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO	ACORD FOR	М,				
FORM NUMBER: ACORD 25 FORM TITLE: Certificate	e of Liability In	surance				
Additional Description of Operations / Locations / Vehicles:						
limited to dropping-off of passengers. Uninsu in the policy.	red / Unde	rinsured Bodily Injury included as further described				
ee Certificate Number: 570098018907  EFFECTIVE DATE:  ADDITIONAL REMARKS  HIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  ORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance  dditional Description of Operations / Locations / Vehicles: imited to dropping-off of passengers. Uninsured / Underinsured Bodily Injury included as further described						
Policy issued by: Liberty Surplus Insurance C	orporation					



### CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/28/2023

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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

,	subject to the terms and conditions ghts to the certificate holder in lieu	• • •	. , , ,	endorsement. A stater	nent on this		
PRODUCER AON Risk Insurance Service San Francisco CA Office 425 Market Street Suite 2800	es West, Inc.	CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS:		FAX (A/C. No.):			
San Francisco CA 94105 USA			INSURER(S) AFFORDING COVERAGE				
INSURED		INSURER A:	Liberty Mutual Fire I	ns Co	23035		
Rasier-NY LLC, Rasier LLC,		INSURER B:					
Rasier-CA LLC, Rasier-DC L Rasier-PA LLC, Rasier-MT L		INSURER C:					
Hinter-NM LLC 636 28th Street. 3rd Floor		INSURER D:					
New York NY 10001 USA		INSURER E:	INSURER E:				
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 5700	)98018676	REVISION	NUMBER:			
INDICATED. NOTWITHSTANDIN CERTIFICATE MAY BE ISSUED	E POLICIES OF INSURANCE LISTED BE NG ANY REQUIREMENT, TERM OR COI ) OR MAY PERTAIN, THE INSURANCE S OF SUCH POLICIES. LIMITS SHOWN	NDITION OF ANY CON AFFORDED BY THE	ITRACT OR OTHER DOCUME POLICIES DESCRIBED HERE	NT WITH RESPECT TO IN IS SUBJECT TO ALL	WHICH THIS		
INSR TYPE OF INSURANCE	ADDL SUBR POLICY	NIIMPED POL	ICY EFF POLICY EXP	LIMITS			

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	
GE	EN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- JECT LOC						PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG	
A AU	OTHER:			AS2-665-067247-443	03/01/2023	03/01/2024	COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO OWNED SCHEDULED						BODILY INJURY ( Per person)  BODILY INJURY (Per accident)	\$75,000 \$150,000
	AUTOS ONLY HIRED AUTOS ONLY  AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$25,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION						EACH OCCURRENCE AGGREGATE	
At OI (N	ORKERS COMPENSATION AND MPLOYERS' LIABILITY NY PROPRIETOR / PARTNER / EXECUTIVE FICER/MEMBER EXCLUDED? Indulatory in NH) yes, describe under ESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH- E.L. EACH ACCIDENT  E.L. DISEASE-EA EMPLOYEE  E.L. DISEASE-POLICY LIMIT	

CRIPTION 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 not

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

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

Aon Rish Insurance Services West Inc





# **ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY		NAMED INSURED
Aon Risk Insurance Services West, Inc.		Rasier-NY LLC, Rasier LLC,
POLICY NUMBER		
See Certificate Number: 570098018676		
CARRIER	NAIC CODE	
See Certificate Number: 570098018676		EFFECTIVE DATE:

CARRIER	NAIC CODE								
See Certificate Number: 570098018676		EFFECTIVE DATE:							
ADDITIONAL REMARKS		<u> </u>							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO	ACOPD FOR								
FORM NUMBER: ACORD 25 FORM TITLE: Certificate		·							
Additional Description of Operations / Locations / Vehicles:	3 Of LIABILITY III	Surance							
limited to dropping-off of passengers									
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).3) If any coverage afforded to the group member is excess of applicable insurance coverage, the certificate shall contain a notice advising the group members that, if the member has other insurance coverage, specified coverages under the transportation network company group policy will be excess over the other insurance.  Policy issued by: Liberty Surplus Insurance Corporation									

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DATE(MM/DD/YYYY) 02/28/2023

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SI	PORTANT: If the certificate holder i JBROGATION IS WAIVED, subject to ertificate does not confer rights to the	the	term	s and conditions of the	policy,	certain polici				
PROD	DUCER				CONTAC	т				7
	Aon Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street				NAME: PHONE FAX					-
					(A/C. No E-MAIL	. Ext):		(A/C. No.):		
	te 2800				ADDRE	SS:				
San	Francisco CA 94105 USA					INSU	JRER(S) AFFO	RDING COVERAGE	NAIC #	
	SURED				INSURE	RA: Liber	ty Mutual	Fire Ins Co	23035	
	ier LLC, Rasier-CA LLC, ier-DC LLC, Rasier-PA LLC				INSURE	R B:				
	5 3rd Street				INSURE	R C:				
San	Francisco CA 94158 USA				INSURE	R D:				
					INSURE	R E·				$\neg$
					INSURE					-
<u> </u>	/ERAGES CEF	TIEIC	ATE	NUMBER: 570098018		K F.	DI	EVISION NUMBER:		
TH INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUC	OF II EQUIR PERT H POL	NSUR EMEN AIN, 1 ICIES	ANCE LISTED BELOW H. IT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HA	AVE BEE NOF ANY DED BY	CONTRACT ( THE POLICIES REDUCED BY	THE INSURE OR OTHER DESCRIBE Y PAID CLAIM	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO THE SUBJECT TO	TO WHICH THIS	3,
INSR LTR	TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		П
	COMMERCIAL GENERAL LIABILITY		<u> </u>			,	,	EACH OCCURRENCE		$\exists$
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED		$\dashv$
								PREMISES (Ea occurrence)		$\dashv$
		-						MED EXP (Any one person)		
		-						PERSONAL & ADV INJURY		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		4
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG		_
	OTHER:									
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		
	ANYAUTO							BODILY INJURY ( Per person)		コ
	- I SCHEDITIED							BODILY INJURY (Per accident)		$\dashv$
	OWNED AUTOS ONLY HIRED AUTOS NON-OWNED							PROPERTY DAMAGE		$\dashv$
	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)		$\dashv$
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		┪
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		┪
	DED RETENTION	-								寸
	WORKERS COMPENSATION AND							PER STATUTE OTH-		$\dashv$
	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE	<u>v</u>						E.L. EACH ACCIDENT		$\dashv$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE-EA EMPLOYEE		$\dashv$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT		⊢.
Α	Business Auto Physical			AS2-665-067247-453		03/01/2023	03/01/2024	Comp Deductible	\$2,5	<del>oo</del> l:
	Damage Coverage			Auto Physical Damag	je		, , ,	Coll Deductible	\$2,5	00
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC						-	-		7
urs	suant to policy terms and condi	tions	5: A.	"Transportation Net	twork_co	ompany Drive	er" means a	an individual who is o	perating a	į.
10to 'Tra	or vehicle in connection with t ansportation Network Company Dr er a contract with a Named Insu	he us iver'	se of ' in	connection with the	rk". B. - "Diait	Covered aut	tos are pa: " accessed	ssenger autos while be using account credent	ing used by a	
ınde	er a contract with a Named Insu	red t	to pr	ovide transportation	ı servi	es provide	d the "Tra	nsportation Network Co	mpany Driver"	
S   riv	logged into the "Digital Networ /er's" recorded acceptance in t	k" α he "r	and a Didit	vailable to receive al Network" and whil	request le en ro	s, or tollo	owing the o	"Transportation Networl	k Company ed	
rar	nsportation services, or travel	ing t	to th	e final destination	of the	requested	transporta	tion services, includi	ng but not	-
:FF	RTIFICATE HOLDER			CA	NCELL	ATION				
- r	THE POLICE									—;
								IBED POLICIES BE CANCELLED ILL BE DELIVERED IN ACCORDA		ŀ
					POLICY PR		OF, NOTICE W	ILL BE DELIVERED IN ACCORDA	ANGE WITH THE	
	Rasier LLC, Rasier-CA LLC			ALIT	HORIZED P	REPRESENTATIVE				$\dashv$
	Rasier-DC LLC, Rasier-PA LI			Aut						
	1455 Market Street, 4th Flo San Francisco CA 94103 USA	or			٥	1 60.	06	Swin West	0	

Aon Rish Insurance Services West, Inc.





#### ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

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AGENCY		NAMED INSURED
Aon Risk Insurance Services West, Inc.		Rasier LLC, Rasier-CA LLC,
POLICY NUMBER See Certificate Number: 570098018506		
CARRIER	NAIC CODE	
See Certificate Number: 570098018506		EFFECTIVE DATE:

# 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: limited to dropping-off of passengers. Important Notice: 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). (3) If any coverage afforded to the group member is excess of applicable insurance coverage, the certificate shall contain a notice advising the group members that, if the member has other insurance coverage, specified coverages under the transportation network company group policy will be excess over the other insurance. over the other insurance. Policy issued by: Liberty Surplus Insurance Corporation Comp/Coll \$2,500 (Contingent on driver having Comp/Coll on their personal auto policy).