Questions or to report a claim, please visit: http://t.uber.com/claims

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/01/2026

**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).**

| PRODUCER | CONTACT NAME: | |
|---|---|---|
| PROGRESSIVE<br>PO BOX 94739<br>CLEVELAND, OH 44101 | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : United Financial Casualty Company | 11770 |
| INSURED<br>Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC;<br>Hinter-NM, LLC<br>1725 3rd Street<br>San Francisco, CA 94158 | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** **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.

| 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** | | | | | | 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: | | | | | | | $ |
| A | **AUTOMOBILE LIABILITY** | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ☐ ANY AUTO | | | | | | BODILY INJURY (Per person) | $ 50,000 |
| | ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | 06258171 | 03/01/2026 | 03/01/2027 | BODILY INJURY (Per accident) | $ 100,000 |
| | ☐ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ 25,000 |
| | | | | | | | | $ |
| | **UMBRELLA LIAB** ☐ OCCUR | | | | | | EACH OCCURRENCE | $ |
| | **EXCESS LIAB** ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED ☐ RETENTION $ | | | | | | | $ |
| | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N | | | | | | PER STATUTE ☐ OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** | N / A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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)**

As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application and is available to receive requests, but has not accepted any request through the ride-share application. Basic Personal Injury Protection included as further described in the policy.

Uninsured Motorist (UM) / Underinsured Motorist (UIM) coverage is not included in any amount.

**CERTIFICATE HOLDER**

Uber Technologies, Inc.
1725 3rd Street
San Francisco, CA 94158

**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.**

**AUTHORIZED REPRESENTATIVE**

Patricia M. Cowan

Questions or to report a claim, please visit: http://t.uber.com/claims

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DATE (MM/DD/YYYY)
03/01/2026

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| PRODUCER | CONTACT NAME: | |
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| PROGRESSIVE<br>PO BOX 94739<br>CLEVELAND, OH 44101 | PHONE (A/C, No, Ext): | FAX (A/C, No): |
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| | INSURER(S) AFFORDING COVERAGE | NAIC # |
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| INSURED<br>Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC;<br>Hinter-NM, LLC<br>1725 3rd Street<br>San Francisco, CA 94158 | INSURER B : | |
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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 | |
|---|---|---|---|---|---|---|---|---|
| | **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: | | | | | | | $ |
| A | **AUTOMOBILE LIABILITY** | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | ☐ ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | 06258582 | 03/01/2026 | 03/01/2027 | BODILY INJURY (Per accident) | $ |
| | ☐ HIRED AUTOS ONLY ☒ 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** Y / N | | | | | | PER STATUTE / OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ | N / A | | | | | E.L. EACH ACCIDENT | $ |
| | **(Mandatory in NH)** | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| | | | | | | | | |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

As further described in the policy, an insured auto is an auto being operated by a TNC driver, but only when the TNC driver is logged on to the named insured's ride-share application, has recorded acceptance in the ride-share application of a request, and is either traveling to the pick-up location or traveling from the pick-up location to the final destination location. Basic Personal Injury Protection included as further described in the policy.

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**AUTHORIZED REPRESENTATIVE**

Patricia M. Conway

AGENCY CUSTOMER ID: _____

LOC #: _____

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| PROGRESSIVE | Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC<br>1725 3rd Street<br>San Francisco, CA 94158 |
| **POLICY NUMBER**<br>06258582 | |
| **CARRIER**<br>United Financial Casualty Company — **NAIC CODE** 11770 | **EFFECTIVE DATE:** 03/01/2026 |

**ADDITIONAL REMARKS**

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

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

## Additional Coverages

| Insurance coverage(s) | Limits | Deductible |
|---|---|---|
| Comprehensive | Actual Cash Value | $2,500 |
| Collision | Actual Cash Value | $2,500 |
| Basic Personal Injury Protection | Included as further described in the policy | |