



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
02/25/2026

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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).

PRODUCER Aon Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street Suite 2800 San Francisco CA 94105 USA	CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No.): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Rasier-NY LLC, Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC, Rasier-MT LLC and Hinter-NM LLC 175 Greenwich Street 47th FL New York NY 10007 USA	INSURER A: Liberty Mutual Fire Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES
CERTIFICATE NUMBER: 570118117732

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
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ 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	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			AS2-665-067247-446	03/01/2026	03/01/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) \$75,000 BODILY INJURY (Per accident) \$150,000 PROPERTY DAMAGE (Per accident) \$25,000
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						☐ Y ☐ N N/A PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" is "available to receive requests" for transportation services, but has not accepted any request. Uninsured / Underinsured Bodily Injury and Personal Injury Protection included as further described in the policy.

CERTIFICATE HOLDER
CANCELLATION

Rasier-NY LLC, Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC, Rasier-MT LLC and Hinter-NM LLC 175 Greenwich Street 47th FL New York NY 10007 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 <i>Aon Risk Insurance Services West, Inc.</i>
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Holder Identifier :

Certificate No : 570118117732



**ADDITIONAL REMARKS SCHEDULE**

Page _ of _

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Rasier-NY LLC, Rasier LLC,	
POLICY NUMBER See Certificate Number: 570118117732			
CARRIER See Certificate Number: 570118117732	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Addendum

Coverages / Limits Personal Injury Protection (PIP): \$50,000.
Uninsured Motorists (UM): \$25,000 / \$50,000 (UM Only)

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).



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A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			AS2-665-067247-456	03/01/2026	03/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$1,250,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						☐ PER STATUTE ☐ OTHER 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)

As further described in the policy, covered autos are passenger "autos" while being used by a "TNC Driver" while logged into the "digital network application", provided the "TNC Driver" has logged and recorded acceptance of a request to provide transportation services, and is en route to the pick up location or traveling from the pick-up location to the final destination. Uninsured / Underinsured Bodily Injury and Personal Injury Protection included as further described in the policy.

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	AUTHORIZED REPRESENTATIVE

Certificate No : 570118117733

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Supplementary Uninsured/Underinsured Motorists (SUM): \$1,250,000

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A	Business Auto Physical Damage Coverage			AS2-665-067247-456 Auto Physical Damage	03/01/2026	03/01/2027	Comp Deductible \$2,500 Coll Deductible \$2,500

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

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