



# CERTIFICATE OF LIABILITY INSURANCE

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

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).

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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><br>PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105<br>E-MAIL ADDRESS:<br><div style="display: flex; justify-content: space-between;"> <div>INSURER(S) AFFORDING COVERAGE</div> <div>NAIC #</div> </div> |
| <b>INSURED</b><br>Rasier LLC, Rasier-CA LLC,<br>Rasier-DC LLC, Rasier-PA LLC<br>1725 3rd Street<br>San Francisco CA 94158 USA                         | INSURER A: Liberty Surplus Insurance Corporation 10725<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:                                                                                                                     |

## COVERAGES

CERTIFICATE NUMBER: 570118117689

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>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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 |           |          | ASE-665-067247-696 | 03/01/2026              | 03/01/2027              | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person) \$50,000<br>BODILY INJURY (Per accident) \$100,000<br>PROPERTY DAMAGE (Per accident) \$25,000                                                    |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> 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                                                                             |           |          |                    |                         |                         | <input type="checkbox"/> Y <input type="checkbox"/> N<br>N/A<br>PER STATUTE <input type="checkbox"/> OTHER <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)

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 Motorist (UM) included in the amount of \$25,000 for death and bodily injury per person, \$50,000 for death and bodily injury per accident, and \$25,000 for property damage. Underinsured Motorist (UIM) coverage is not included in any amount.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                            |                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rasier LLC, Rasier-CA LLC<br>Rasier-DC LLC, Rasier-PA LLC<br>1725 3rd Street<br>San Francisco CA 94158 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.<br>AUTHORIZED REPRESENTATIVE<br><i>Aon Risk Insurance Services West, Inc.</i> |
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Holder Identifier :

Certificate No : 570118117689



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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><br>PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105<br>E-MAIL ADDRESS:<br><div style="display: flex; justify-content: space-between;"> <div>INSURER(S) AFFORDING COVERAGE</div> <div>NAIC #</div> </div> |
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| 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 |           |          | ASE-665-067247-706 | 03/01/2026              | 03/01/2027              | 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><input type="checkbox"/> 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                                                                             |           |          |                    |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<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)

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 Motorist (UM) included in the amount of \$25,000 for death and bodily injury per person, \$50,000 for death and bodily injury per accident, and \$25,000 for property damage. Underinsured Motorist (UIM) coverage is not included in any amount.

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|                                                                                                                                                       | <b>INSURER B:</b>                                                                                              |  |
|                                                                                                                                                       | <b>INSURER C:</b>                                                                                              |  |
|                                                                                                                                                       | <b>INSURER D:</b>                                                                                              |  |
|                                                                                                                                                       | <b>INSURER E:</b>                                                                                              |  |
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| A        | Business Auto Physical Damage Coverage                                                                                                                                                                                                                      |           |          | ASE-665-067247-706 | 03/01/2026              | 03/01/2027              | Comprehensive Deductible \$2,500<br>Collision Deductible \$2,500                                                                                                 |

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## CANCELLATION

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