

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/12/2024

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.

IN RISK Insurance Services West, Inc. In Francisco CA Office 5 Market Street ite 2800 IN Francisco CA 94105 USA URED URED Sier-NY LLC, Rasier LLC, Sier-CA LLC, Rasier-DC LLC, Sier-PA LLC, Rasier-MT LLC and Inter-NM LLC 5 Greenwich Street 47th FL W York NY 10007 USA INC. INC. INC. INS. I	BURER A: Libe SURER B: SURER C: SURER C: SURER F: SURER F: BEEN ISSUED TO ANY CONTRACT BY THE POLICIE EEN REDUCED E POLICYEFF (MM/DD/YYYY)	RED THE INSURE OR OTHER IS DESCRIBE	OOCUMENT WITH RESPECT TO	OT TO WHICH THIS O ALL THE TERMS Own are as request
S Market Street ite 2800 In Francisco CA 94105 USA URED Sier-NY LLC, Rasier LLC, Sier-CA LLC, Rasier-DC LLC, Sier-PA LLC, Rasier-DC LLC, Sier-PA LLC, Rasier-MT LLC and Instance National Street A7th FL W York NY 10007 USA INSTANCE CERTIFICATE NUMBER: 570104293695 HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF SERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE B TYPE OF INSURANCE ADDL SUBR INSURANCE INSURANCE AFFORDED COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY	MAIL ADRESS: INS SURER A: Libe SURER B: SURER C: SURER D: SURER F: BEEN ISSUED TO ANY CONTRACT BY THE POLICIE EEN REDUCED E POLICY EFF (MM/DD/YYYY)	RED THE INSURE OR OTHER IS DESCRIBE Y PAID CLAIM POLICY EXP	FIRE INS CO EVISION NUMBER: ED NAMED ABOVE FOR THOCUMENT WITH RESPECT TO S. LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident)	23035 HE POLICY PERIOD TO WHICH THIS D ALL THE TERMS Down are as request
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HIRED AUTOS ONLY ONLY AUTOS ONLY X NON-OWNED AUTOS ONLY			BODILY INJURY (Per accident)	\$150,0
UMBRELLA LIAB OCCUR			PROPERTY DAMAGE (Per accident)	\$25,0
UNIBRELLA LIAB CCCON			EACH OCCURRENCE	
EXCESS LIAB CLAIMS-MADE			AGGREGATE	
DED RETENTION				
WORKERS COMPENSATION AND			PER STATUTE OTH-	
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE			E.L. EACH ACCIDENT	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			E.L. DISEASE-EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE-POLICY LIMIT	
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, m.				

CERTIFICATE HOLDER	CANCELLATION
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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

Aon Rish Insurance Services West, Inc.



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DATE(MM/DD/YYYY) 03/12/2024

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SUBI	PRTANT: If the certificate holder is ROGATION IS WAIVED, subject to ficate does not confer rights to the	the	term	s and conditions of the p	policy, d	ertain polic		•		
PRODUC	ER				CONTAC NAME:	Т				
	sk Insurance Services West, I	Inc.			PHONE			FAX (A/C. No.):		
	ancisco CA Office rket Street				(A/C. No. E-MAIL	Ext):		(A/C. No.):		
425 Ma Suite					ADDRES	SS:				
San Fr	ancisco CA 94105 USA					INS	URER(S) AFFOI	RDING COVERAGE	NAIC #	#
INSURED					INSUREF	RA: Liber	rty Surplus	Insurance Corporation	10725	
	-NY LLC, Rasier LLC,			•	INSUREF	R B:				
	-CA LLC, Rasier-DC LLC, -PA LLC, Rasier-MT LLC and				INSURER	R C:				
Hinter	-NM LLC				INSURER					
	eenwich Street 47th FL rk NY 10007 USA				INSURER					
					INSUREF					
00//51	RAGES CER	TIFIC	ATE	NUMBER: 5701042936		(F:	DE	WICION NUMBER		
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	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		
	OTHER:									
						02/01/2024	02 /01 /2025	COMPUNED CONCUE LINET		

	OTHE	R:								
Α	AUTOMOB	BILE LIABILIT	ſΥ			AS2-665-067247-454	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,250,000
	ANYA	AUTO							BODILY INJURY (Per person)	
	OWN		SCHEDULE AUTOS	ED					BODILY INJURY (Per accident)	
		OS ONLY DAUTOS	X NON-OWN AUTOS ON						PROPERTY DAMAGE (Per accident)	
	UNLT		A0103 01	NL1						

	UMBRELLA LIAB		OCCUR				EAC	CH OCCURRENCE	
	EXCESS LIAB		CLAIMS-MADE				AG	GREGATE	
	DED RETENTI	ION	· ·						
	RKERS COMPENS		N AND Y / N					PER STATUTE OTH-	
AN	Y PROPRIETOR / PAF	RTNER	/ EXECUTIVE	N/A			E.L.	EACH ACCIDENT	
(Ma	indatory in NH)	LUDEL					E.L.	DISEASE-EA EMPLOYEE	
DE:	es, describe under SCRIPTION OF OPI	ERATI	ONS 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, 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 description which is a provided to the pick up location. The policy provided the pick-up location to the final description which is the policy provided the pick-up location to the pick-up location.

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CERTIFICATE HOLDER CA	ANCELLATION
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SHOULD	ANY OF THE ABO	VE DESCRIBED PC	DLICIES BE CANCELLE	D BEFORE THE
EXPIRATIO	ON DATE THEREOF,	NOTICE WILL BE I	DELIVERED IN ACCORD	ANCE WITH THE
POLICY PR	ROVISIONS.			

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

AUTHORIZED REPRESENTATIVE



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SUBROGATION	IS WAIVED, subject to	the	term	s and conditions of the	policy, endorse	certain policement(s).			
PRODUCER	nce Compiese West	Tnc			CONTAC NAME:	т			
		Inc.			PHONE (A/C. No	. Ext):		FAX (A/C. No.):	
425 Market Stre	NR RISK INSURANCE SERVICES WEST, INC. NFANCISCO CA OFFICE 5 MARKET STREET 10 ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER B: SIEP - WILLC, Rasier LLC, SIEP - WILLC, Rasier MT LLC and SIEP - WILLC, Rasier MT LLC, Rasier MT LLC and SIEP - WILLC, Rasier MT LLC, SIEP - WILLC, Rasier								
	A 94105 USA					INS	URER(S) AFFO	RDING COVERAGE	NAIC #
NSURED					INSUREI	RA: Libe	rty Surplus	Insurance Corporation	10725
					INSURE	R B:		·	
					INSURE	R C:			
inter-NM LLC					INSUREI	R D:			
					INSUREI	R E:			
					INSUREI	R F:			
COVERAGES	CER	RTIFIC	CATE	NUMBER: 5701042936	97		RI	EVISION NUMBER:	L.
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NSR LTR TYI	E OF INSURANCE	ADDI INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCI	AL GENERAL LIABILITY								
CLAIM	-MADE OCCUR								
								MED EXP (Any one person)	
								PERSONAL & ADV INJURY	
GEN'L AGGREGA								GENERAL AGGREGATE	
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ANYALITO								BODILY INJURY (Per person)	
								BODILY INJURY (Per accident)	
AUTOS ONL	Y —								
ONLY	AUTOS ONLY							(Per accident)	
UMBRELLA	LIAB OCCUR							EACH OCCURRENCE	
EXCESS LIA	B CLAIMS-MADE							AGGREGATE	
DED RE	TENTION	1							
WORKERS CON EMPLOYERS' LI	PENSATION AND ABILITY							PER STATUTE OTH-	
	R / PARTNER / EXECUTIVE	N/A						E.L. EACH ACCIDENT	
(Mandatory in N	i)	┦ ```^						E.L. DISEASE-EA EMPLOYEE	
	nder F OPERATIONS below							E.L. DISEASE-POLICY LIMIT	
A Business A Coverage	uto Physical Damage			AS2-665-067247-454 Auto Physical Damage		03/01/2024	03/01/2025	Comp Deductible Coll Deductible	\$2, \$2,
Coverage				Auto Filysical Dallage				COTT Deductible	\$2,

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

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

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