



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2023

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.

lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ne ter	rms and conditions of the	e polic	y, certain po	olicies may i	require an endorsement	. A sta	itement on
PROE	ous certificate does not comer rights to ouser ogressive commercial.	c	ociti	indice fielder in fied of su	CONTACT NAME: PHONE					
PO BOX 94739						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:				
CLEVELAND, OH 44101						ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #				
					INSURER A: Progressive Express Insurance Company				10193	
INSUI	RED				INSURER B:					
	ier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Ra	asier-	PA, LL	_C; Rasier-MT, LLC;	INSURER C:					
	er-NM, LLC 5 3rd Street				INSURER D:					
1515 3rd Street San Francisco, CA 94158						INSURER E :				
					INSURER F:					
				NUMBER:	REVISION NUMBER:					
CE EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I ICLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION (THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE I	of an'	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	S	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
Ì	CEANING-MADE COOK							MED EXP (Any one person)	\$	
Ì								PERSONAL & ADV INJURY	\$	
Ì	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
Ì	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY						······	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS	Х		06250110		03/01/2023	03/01/2024		\$	
	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y/N							1	•	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	
	(Mandatory in NH) If yes, describe under								φ \$	
	DÉSCRIPTION OF OPERATIONS below				-			E.E. DIOCHOE - GEIGH EIMIT	<u> </u>	·····
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC									16
	C driver" is an individual that is operating a motor vel red TNC operations," and is either traveling to the pic						as recorded acce	eptance in the "ride-share application	on of a re	quest to provide
						Ť				
					i					
CONTRAC						NTRACT # C16-2462-AP				
CERTIFICATE HOLDER					RASIER-DC, LLC. TRANSPORTATION NETWORK BUSINESS					
Okaloosa County Board of County Commissioners C/O Destin-Fort Walton Beach Airport Administration 1701 State Road 85, North Eglin AFB, FL 32542						EXPIRES: 09/30/2017 W/ AUTO RENEWALS				
						AUTHORIZED REPRESENTATIVE Gottnerth Comments				

AGENCY CUSTOMER ID:	
1.00#	



ACORD ADDITIONAL	L REMA	ARKS SCHEDULE Page 1 of 1					
AGENCY		NAMED INSURED					
PROGRESSIVE COMMERCIAL.		Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Rasier-MT, LLC; Hinter-NM, LLC 1515 3rd Street					
POLICY NUMBER 06250110		San Francisco, CA 94158					
CARRIER NAIG		1					
Progressive Express Insurance Company	10193	EFFECTIVE DATE: 03/01/2023					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,						
FORM NUMBER: 25 FORM TITLE: Certificate of L	iability Insur	ance					
Additional Coverages							

Insurance coverage(s)	Limits	Deductible
Medical Payments	\$5,000 each person	



PROGRESSIVE PO BOX 94739 CLEVELAND, OH 44101

Policy number: 06250110

Underwritten by: Progressive Express Insurance Company March 1, 2023 Policy Period: March 1, 2023 - March 1, 2024

Named insured Rasier, LLC Rasier-CA, LLC Rasier-DC, LLC Rasier-PA, LLC Rasier-MT, LLC Hinter-NM, LLC 1515 3rd Street San Francisco, CA 94158

Additional insured primary and noncontributory endorsement

Name of person(s) or organization(s)

Okaloosa County Board of County Commissioners

A person or organization named above is an additional insured with respect to such liability coverage as is afforded by the policy, but this insurance applies to said additional insured only as a person or organization liable for the conduct of another insured and then only to the extent of that liability or the Limit of Liability shown on this endorsement, whichever is less.

Liability To Others

Bodily Injury and Property Damage

\$1,000,000 combined single limit

Liability

This insurance is primary to and will not seek contribution from any other insurance available to the additional insured(s) shown above provided that:

- 1. The additional insured is a Named Insured under such other insurance; and
- 2. The additional insured has agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

This endorsement applies to policy number:

Issued to (Name of Insured):

06250110

Rasier, LLC Rasier-CA, LLC

Rasier-DC, LLC

Rasier-PA, LLC Rasier-MT, LLC

Hinter-NM, LLC

Effective Date of Endorsement: March 1, 2023 Policy Expiration date: March 1, 2024

All other terms, limits and provisions of this policy remain unchanged.

Form Z904PN (01/18) Page 2 of 2