	®	
AC	ORD	
4	/	

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

DATE (MM/DD/YYYY)

1		EN	ш	ICATE OF LIA	DILI	111113	URANC		05	/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. 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).										
	DUCER		cen	incate noider in neu or si	CONTAG).			
	DGRESSIVE COMMERCIAL			-	NAME: PHONE			FAX		
	BOX 94739				(A/C, No E-MAIL	, Ext):		(A/C, No)		
	VELAND, OH 44101				ADDRES	SS:				
						INS	URER(S) AFFO	RDING COVERAGE		NAIC #
				INSURE	RA: Progress	ive Express Ins	surance Company		10193	
INSL	RED ier, LLC; Rasier-CA, LLC; Rasier-DC, LLC;	Dagior		C: Pasior MT LLC:	INSURE	RB:				
	er-NM, LLC	asiei-	PA, L	LU, Rasiel-INIT, LLU,	INSURE	RC:				
	5 3rd Street				INSURE	RD:				
Sar	Francisco, CA 94158				INSURE	RE:				
					INSURE	RF:				
co	VERAGES CE	RTIFI	CATE	E NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO V	NHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
	р.							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	
									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		000
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 1,000, \$	000
	OWNED SCHEDULED			01011270		0.5 10 1 10 0 0 0	05/04/0004			
А	AUTOS ONLY AUTOS	Х		01241772		05/01/2023	05/01/2024	BODILY INJURY (Per accident) PROPERTY DAMAGE		
	AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MAD	L						AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHI	LES /	CORD	101. Additional Remarks Schedu	le, may be	attached if mor	e space is requir	red)		
									op" -f	avaat to and the
A "TNC driver" is an individual that is operating a motor vehicle in connection with the named insured's "covered TNC operations" and has recorded acceptance in the "ride-share application" of a request to provide "covered TNC operations," and is either traveling to the pick-up location to the pick-up location to the drop-off location.										
	CONTRACT# C16-2462-AP									
CEF	TIFICATE HOLDER					AISER-DC		DAMAGEN	-	
					TRANSPORTATION NETWORK BUSINESS					
Okaloosa County Board of County Commissioners				E	EXPIRES: 09/30/2017 W/ AUTO RENEWALS				5	
C/O Destin-Fort Walton Beach Airport Administration 1701 State Road 85, North										
	AFB, FL 32542									
Lgi					AUTHOR	ZED REPRESE		an an an an an an a' ban trainn an a' ban trainn an trainn an trainn an trainn an trainn an trainn an trainn a		_
				Patriciatt Cours						

The ACORD name and logo are registered marks of ACORD

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: ______ LOC #: _____

_

ACORD	ADDITIONA	L REMA	RKS SCHEDULE	Page <u>1</u> of <u>1</u>
AGENCY PROGRESSIVE COMMERCIAL			NAMED INSURED Rasier, LLC; Rasier-CA, LLC; Rasier-DC, LLC; Rasier-PA, LLC; Ra 1515 3rd Street	sier-MT, LLC; Hinter-NM, LLC
POLICY NUMBER 01241772			San Francisco, CA 94158	
CARRIER Progressive Express Insurance Company		NAIC CODE 10193	EFFECTIVE DATE: 05/01/2023	
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORI	M IS A SCHEDULE TO ACC	ORD FORM,		
FORM NUMBER:FOR	M TITLE: Certificate of Li	iability Insura	ance	
Additional Coverages				
Insurance coverage(s))	Limits	Deductible	
Medical Payments		\$5,000 e	ach person	
	X			



PROGRESSIVE PO BOX 94739 CLEVELAND, OH 44101

Policy number: 01241772

Underwritten by: Progressive Express Insurance Company May 1, 2023 Policy Period: May 1, 2023 – May 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 Liability \$1,000,000 combined single limit

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:	01241772
Issued to (Name of Insured):	Rasier, LLC
	Rasier-CA, LLC
	Rasier-DC, LLC
	Rasier-PA, LLC
	Rasier-MT, LLC
	Hinter-NM, LLC

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

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