

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2024

JSY

YRIDTEC-01

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED I	BY TH	E POLICIES	
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 License # 0757776	CONTACT Sevara Alimova									
HUB International Insurance Services Inc. 600 Corporate Pointe Suite 600 Culver City, CA 90230					PHONE (A/C, No, Ext): (310) 568-7640 FAX (A/C, No):					
					E-MAIL ADDRESS: Sevara.Alimova@hubinternational.com					
					INSURER(S) AFFORDING COVERAGE NAIC #					
INSURED					INSURER A : HDI Specialty Insurance Company 16131					
YRide Technologies 404 Grayson Ct Menlo Park, CA 94025					INSURER C :					
					INSURER D :					
			ENUMBER:				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.										
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
COMMERCIAL GENERAL LIABILITY					<u>,</u>		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
							PRODUCTS - COMP/OP AGG	\$		
							COMBINED SINGLE LIMIT	\$		
					4/00/0004	4/00/0005	(Ea accident)	\$		
			HFM00192-00		4/20/2024	4/20/2025	BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
AUTOS ONLY See Remarks							(Per accident)	\$		
X See Remarks								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
							E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Automobile Liability - Symbol 10 Period 1 Insurance Carrier: HDI Specialty Insurance Company Policy Period: 04/20/2024 - 04/20/2024 Policy Number: HFM00192-00 Liability - Combined Single Limit - \$350,000 Uninsured Motorists/Underinsured Motorists (CSL) - \$100,000 SEE ATTACHED ACORD 101										
				CANC						
CERTIFICATE HOLDER	CANCELLATION									
Proof of Insurance					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					
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	AGE	NCY CUSTOMER ID: YRIDTEC-01	JS
		LOC #:	
			-
	ONAL REMA	ARKS SCHEDULE	Page <u>1</u> of <u>1</u>
GENCY	License # 075777	6 NAMED INSURED	
UB International Insurance Services Inc.		YRide Technologies 404 Grayson Ct Menlo Park, CA 94025	
OLICY NUMBER		Menio Park, CA 94025	
EE PAGE 1			
	NAIC CODE		
EE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	
DDITIONAL REMARKS			
HIS ADDITIONAL REMARKS FORM IS A SCHEDULE	TO ACORD FORM,		
ORM NUMBER: ACORD 25 FORM TITLE: Certificate	e of Liability Insurance		
Period 2 & Period 3 Insurance Carrier: HDI Specialty Insurance Com Policy Period: 04/20/2024 - 04/20/2024 Policy Number: HFM00193-00 Liability - Combined Single Limit - \$1,000,000 Ininsured Motorists/Underinsured Motorists (C Comprehensive Deductible \$2,500 - \$50,000 or A Collision Deductible \$2,500 - \$50,000 or ACV up	:SL) - \$1,000,000 ACV up to \$1,000,1		