

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

JSY

YRIDTEC-01

							<b>U</b>	11	/4/2024	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVEL SUR/	Y OI	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES	
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje	ct to	the	terms and conditions of	the po	licy, certain	policies may				
this certificate does not confer rights t PRODUCER License # 0757776	o the	cert	ificate holder in lieu of su							
HUB International Insurance Services Inc. 600 Corporate Pointe					CONTACT Sevara Alimova					
					o, Ext): (310) 5	568-7640	(A/C, No):			
Suite 600				ADDRE	<sub>ss:</sub> Sevara.A	limova@h	ubinternational.com			
Culver City, CA 90230					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #	
				INSURE	R A : HDI Spe	ecialty Insu	rance Company		16131	
INSURED YRide Technologies 404 Grayson Ct Menlo Park, CA 94025					INSURER B :					
					INSURER C :					
					RD:					
					INSURER E :					
						INSURER F :				
COVERAGES CEF	TICI	~ ^ TE	E NUMBER:	MOONL			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICI		-	-							
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	REM TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC 7 THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
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							EACH OCCURRENCE	\$		
CLAIMS-MADE OCCUR							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	\$		
OTHER:							COMBINED SINGLE LIMIT	\$	250.000	
							(Ea accident)	\$	350,000	
			HFM00192-00		4/20/2024	4/20/2025	BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
X P1 - See Remarks								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$	1							\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER	Ŷ		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A									
If ves, describe under							E.L. DISEASE - EA EMPLOYEE			
DÉSCRIPTION OF OPERATIONS below  A Com'l Auto - P2 P3			HFM00193-00		4/20/2024	4/20/2025	E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
					4/20/2024	4/20/2023			1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Automobile Liability - Symbol 10 Period 1 Insurance Carrier: HDI Specialty Insurance Policy Period: 04/20/2024 - 04/20/2025 Policy Number: HFM00192-00 Liability - Combined Single Limit - \$350,000 Uninsured Motorists/Underinsured Motoris SEE ATTACHED ACORD 101	Com	pany				e space is requir	i red)			
CERTIFICATE HOLDER				CAN	CELLATION					
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.						
				Λ	rized represe vi <i>iDiem</i> i					

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VRIDTEC-01

	AGEN	ICY CUSTOMER ID: TRIDIEC-01	12
		LOC #:	
ACORD	ADDITIONAL REMA	<b>ARKS SCHEDULE</b>	Page <u>1</u> of <u>1</u>
GENCY	License # 0757776	6 NAMED INSURED	
UB International Insurance Servic	es Inc.	YRide Technologies 404 Grayson Ct Menlo Park, CA 94025	
OLICY NUMBER		Menlo Park, CA 94025	
EE PAGE 1			
ARRIER	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: <u>ACORD 25</u> FORM T	ITLE: Certificate of Liability Insurance		
Description of Operations/Location Period 2 & Period 3 Insurance Carrier: HDI Specialty In Policy Period: 04/20/2024 - 04/20/20 Policy Number: HFM00193-00 Liability - Combined Single Limit - Jninsured Motorists/Underinsured Comprehensive Deductible \$2,500 Collision Deductible \$2,500 - \$50,0	nsurance Company 025 \$1,000,000 I Motorists (CSL) - \$1,000,000 - \$50,000 or ACV up to \$1,000,0	00	