



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/4/2024

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.

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.

PRODUCER License # 0757776 HUB International Insurance Services Inc. 600 Corporate Pointe Suite 600 Culver City, CA 90230 CONTACT NAME: Sevara Alimova PHONE (A/C, No, Ext): (310) 568-7640 FAX (A/C, No): E-MAIL ADDRESS: Sevara.Alimova@hubinternational.com

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation, and Com'l Auto - P2 P3.

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 - 04/20/2025 Policy Number: HFM00192-00 Liability - Combined Single Limit - \$350,000 Uninsured Motorists/Underinsured Motorists (CSL) - \$100,000 SEE ATTACHED ACORD 101

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

**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>HUB International Insurance Services Inc.</b>		License # 0757776	NAMED INSURED YRide Technologies 404 Grayson Ct Menlo Park, CA 94025
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

Period 2 &amp; Period 3

Insurance Carrier: HDI Specialty Insurance Company

Policy Period: 04/20/2024 - 04/20/2025

Policy Number: HFM00193-00

Liability - Combined Single Limit - \$1,000,000

Uninsured Motorists/Underinsured Motorists (CSL) - \$1,000,000

Comprehensive Deductible \$2,500 - \$50,000 or ACV up to \$1,000,000

Collision Deductible \$2,500 - \$50,000 or ACV up to \$1,000,000