



Commercial Auto Insurance Amended Declarations

ITEM ONE				
HDI Specialty Insurance Company 161 North Clark Street, 48 th Floor Chicago, IL 60601 NAIC 16131			Policy Number: HFM00192-00	
			Endorsement Number: 001	
Named Insured:	YRide Technologies Inc	Mailing Address:	404 Grayson Ct Menlo Park, CA 94025	
Policy Period:	TNC Period 1			
From:	04/20/2024			
To:	06/10/2025 at 12:01AM time at your mailing address shown above			
Form of Business	Corporation	X	Partnership	
	LLC		Individual	
	Other			
Type of Business: Transportation Network Company (TNC)		Premium shown is due upon receipt		
Audit Period	Annually		Semiannually	
	Quarterly		Monthly	Retrospective Monthly Rating
IN RETURN FOR THE PAYMENT OF THE PREMIUM, IN RELIANCE UPON THE STATEMENTS IN THE APPLICATION(S) AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.				
Use of the "mobile app" is a mandatory condition of coverage under this policy.				

ITEM TWO				
Coverages	Covered Autos <small>Entry of one or more of the symbols from the COVERED AUTOS section of the Business Auto Coverage Form shows which "autos" are "covered autos"</small>	Limit of Insurance <small>The most we will pay for any one accident or loss</small>	Deductible and/or Self-Insured Retention <small>The amount you pay in any one accident or loss</small>	Premium
Liability Combined Single Limit (CSL)	Symbol 10	\$350,000.00		Per Audit
Uninsured Motorists (UM) Combined Single Limit (CSL)	Symbol 10	\$100,000.00		Per Audit
Underinsured Motorists (UIM) CSL (When not included in UM coverage)				
Personal Injury Protection (Or Equivalent No-fault Coverage)				
Auto Medical Payments				
Physical Damage – Actual Cash Value (ACV)				
Comprehensive				
Collision				



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ITEM ONE				
HDI Specialty Insurance Company 161 North Clark Street, 48 th Floor Chicago, IL 60601 NAIC 16131				Policy Number: HFM00193-00 Endorsement Number: 003
Named Insured:	YRide Technologies Inc	Mailing Address:	404 Grayson Ct Menlo Park, CA 94025	
Policy Period:	TNC Period 2 & 3			
From:	04/20/2024			
To:	06/10/2025 at 12:01AM time at your mailing address shown above			
Form of Business	Corporation	X	Partnership	
	LLC		Individual	
	Other			
Type of Business: Transportation Network Company (TNC)		Premium shown is due upon receipt		
Audit Period	Annually		Semiannually	
	Quarterly		Monthly	Retrospective Monthly Rating
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Liability Combined Single Limit (CSL)	Symbol 10	\$1,000,000.00		Per Audit
Uninsured Motorists (UM) Combined Single Limit (CSL)	Symbol 10	\$1,000,000.00		Per Audit
Underinsured Motorists (UIM) CSL (When not included in UM coverage)				
Personal Injury Protection (Or Equivalent No-fault Coverage)				
Auto Medical Payments				
Physical Damage – Actual Cash Value (ACV)				
Comprehensive	Symbol 10	ACV or \$50,000.00 per vehicle, whichever is less, up to \$1,000,000.00	\$2,500.00	Per Audit
Collision	Symbol 10	ACV or \$50,000.00 per vehicle, whichever is less, up to \$1,000,000.00	\$2,500.00	Per Audit