

BUSINESS AUTO DECLARATIONS



JAMES RIVER INSURANCE COMPANY
 6641 WEST BROAD STREET, SUITE 300
 RICHMOND, VA 23230

JAMES RIVER
INSURANCE

Policy Number: CA43600143

ITEM ONE

Named Insured: Rasier LLC, Rasier-CA LLC, Rasier-DC LLC	Mailing Address: 706 Mission Street, 9 th Fl San Francisco, CA 94103	
Policy Period:		
From: 12/21/2013		
To: 12/21/2014 At 12:01 AM Standard Time at your mailing address shown above		
Form Of Business:		
<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individual
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	
Premium shown is payable at inception: \$ [REDACTED]		
Audit Period (If Applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly		

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.

ITEM TWO

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

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 The Most We Will Pay for Any One Accident or Loss	Premium
Liability	10	\$ 1,000,000	[REDACTED]
Liability Deductible		\$ (per accident)	
Uninsured Motorists (UM)	10	\$ 1,000,000	
Underinsured Motorists (UIM) <small>(When Not Included In UM Coverage)</small>	10	\$ 1,000,000	
Administrative Services Fee			
Premium is Minimum Premium			
Deposit Premium & Fees are 100% Fully Earned	Company Fee		
TOTAL SHOWN IS PAYABLE AT INCEPTION			
		Policy Fee (Fully Earned)	
		Surplus Lines Tax	
		Stamping Office Tax	
		Total Premium	

ENDORSEMENTS

ENDORSEMENTS ATTACHED TO THIS POLICY:

<input type="checkbox"/> See attached schedule A – Schedule of Forms	
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THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY

SCHEDULE A

FORMS AND ENDORSEMENTS THAT APPLY TO THIS POLICY:

POLICY NO.

«QuoteNumber»

FORM NUMBER TITLE

FORM NUMBER	TITLE
<u>Mandatory Forms</u>	
JA2001US 09-12	Business Auto Declarations
JA0001US 09-12	Business Auto – Schedule A
JA4001US09-13	Business Auto Coverage Form
JA5401US 03-13	Common Policy Conditions
JA5402US 09-12	Premium Audit Conditions
IL 00 21 07-02	Nuclear Energy Liability Exclusion
CA 23 84 01-06	Exclusion - Terrorism
<u>ISO Forms</u>	
CA2154 10-13	California Uninsured Motorists Coverage – Bodily Injury
<u>Limits, Premiums, Deductibles</u>	
<u>Additional Interests & Waiver of Subrogation</u>	
JA5201US 09-12	Additional Insured Endorsement
JA5201US 09-12	Additional Insured Endorsement – Controlling Interest
<u>Limitations</u>	
JA5301US 09-12	Limitation of Coverage to Designated Contract or Operations - CA
JA5302US 09-12	Limitation of Coverage to Designated Operators
<u>Exclusions</u>	
JA5604US 04-13	Exclusion of Liability – Other Policies
<u>State Mandatory Forms</u>	
AP5048US 04-10	California Service of Suit
<u>Other Forms</u>	
IL1201 04-03	Rate Endorsement
CA9954 07-97	Covered Auto Symbols (Symbol 10 Defined)
IL1201 04-03	Named Operators as Insureds

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number

POLICY NUMBER	POLICY CHANGES EFFECTIVE 12:01 AM Standard Time at the address of the Named Insured	COMPANY James River Insurance Company
NAMED INSURED		AUTHORIZED REPRESENTATIVE Richard J. Schmitzer
COVERAGE PARTS AFFECTED ALL COVERAGE PARTS		

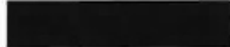
CHANGES

AUDITABLE **Adjustable per ride share mile**

Rates:



Rating basis:



ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Authorized Representative Signature

