

**DECLARATION OF AUTOMOBILE INSURANCE ALBERTA, CANADA  
STANDARD AUTOMOBILE FORM – TRANSPORTATION NETWORK S.P.F. No. 9**

**INTACT INSURANCE COMPANY**

(HEREINAFTER CALLED THE INSURER)

AGENT/BROKER Aon Reed Stenhouse		No. 72564		POLICY NUMBER 7J9000185						
1.	INSURED'S FULL NAME AND POSTAL ADDRESS Rasier Operations B.V. and Uber Canada Inc.  Vijzelstraat 68-72 1017 HL Amsterdam Netherlands  312 Adelaide Street West, Suite 200 Toronto, Ontario, M5V 1R2	2.	FROM:	DATE:			TO:	DATE:		
			12:01 AM	YYYY	MM	DD	12:01 AM	YYYY	MM	DD
		POLICY PERIOD		2017	07	01		2018	07	01
<b>ALL TIMES ARE LOCAL TIMES AT ALBERTA, CANADA</b>										
3.	PARTICULARS OF THE DESCRIBED AUTOMOBILE(S) Transportation Network Automobiles operating through the Transportation Network of the named insured, providing transportation services originating in the province of Alberta									
4.	INSURING AGREEMENTS									
	SECTION A			SECTION B			SECTION C			
PERILS	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS AND FOR THE LOSS OR DAMAGE TO PROPERTY REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT.			PAYMENTS FOR DEATH OR BODILY INJURY			THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE			
LIMITS AND AMOUNTS IN DOLLARS	AS STATED IN SECTION B OF THE POLICY			UNINSURED MOTORIST			1. ALL PERILS	2. COLLISION OR UPSET	3. COMPREHENSIVE (EXCLUDING COLLISION OR UPSET)	4. SPECIFIED PERILS (EXCLUDING COLLISION OR UPSET)
	EACH PERSON SUB-SEC. 1	PRINCIPAL SUM SUB-SEC. 2	WEEKLY BENEFIT MAXIMUM	SUB-SEC. 3			AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM EXCEPT FOR LOSS OR DAMAGE BY FIRE OR LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE			
	\$2,000,000			AS STATED IN SECTION B OF THE POLICY				\$1000	\$1000	
PREMIUM IN DOLLARS	INCL.			INCL.				INCL.	INCL.	
ENDORSEMENT NUMBERS ATTACHING	ENDORSEMENT No.	ENDORSEMENT DESCRIPTION			ENDORSEMENT PREMIUM	MINIMUM RETAINED PREMIUM		TOTAL POLICY PREMIUM		
	S.E.F. 44	Family Protection Endorsement			INCL.	\$ 0		\$ INCL.		

**Remarks:**

This is your Declaration of Automobile Insurance. Contact your Broker/Agent with any questions or if you require clarification regarding your coverage choices.