

Lime Technology, Inc.

Policy Number 056/032166A

Eligibility	All authorized users, aged 16 and more, of the Policyholder's mobile transportation platform who are under the age of 95 and riding within the territory limits of the province of Ontario.
Policy Period	June 21, 2025 to July 21, 2026
Territory	All coverage under this Policy is limited to Ontario.
Termination	Coverage terminates at age 95.
Scope of Coverage	Your protection applies only to Injury sustained while you are riding a personal mobility device owned and operated by the Policyholder.
Alcohol and Drug Exclusion	This Insurance does not cover any claim arising out of bodily injury caused or contributed to by: 1. alcohol abuse or addiction or being under the influence of alcohol as defined by the vehicle code of the state or province in which the Accident occurred; or 2. being under the influence of drugs or narcotics not legally available unless used as prescribed by a licensed Physician for a medical condition other than drug addiction.
How to Claim	Written notice must be given to the Insurer within 30 days and written proof must be submitted within 90 days of the date a claim arises. For claims inquiries: Call 1-800-461-3292 OR Email: claims@suttonspecialrisk.com
Currency	Benefits will be payable in Canadian currency.
Insurer	Certain Underwriters at Lloyd's London through Sutton Special Risk Inc.

Accidental Death & Dismemberment Insurance

Benefit Amount	You are insured for the Principal Sum indicated below: \$50,000 provided a helmet is worn by the Insured Person at the time of Injury \$25,000 if no helmet is worn by the Insured Person at the time of Injury
Weekly Accident Indemnity (Applicable Only to Insured Persons under age 70)	Weekly Amount: \$150 Elimination Period: 7 days each and every loss (benefits commence on 1st day of hospitalization) Maximum Number of Weeks Payable: 13 weeks Note: The Weekly Accident Indemnity Benefit is not payable if no helmet is worn by the Insured Person at the time of Injury.
Permanent Total Disability (Applicable Only to Insured Persons under age 70)	Benefit Amount: Equal to the Principal Sum shown above. Elimination Period: 52 weeks or expiration of maximum number of weeks payable under the Weekly Accident Indemnity benefit, whichever is later Note: The Permanent Total Disability Benefit is not payable if no helmet is worn by the Insured Person at the time of Injury.

Accident Protection Benefit Summary (continued)

Additional Benefits	▪ Accident Medical - maximum \$10,000 ▪ Accident Dental - maximum \$1,000 ▪ Repatriation - maximum \$15,000 ▪ Identification - maximum \$15,000 ▪ Rehabilitation - maximum \$15,000 ▪ Rehabilitative Physical Therapy - maximum \$10,000 ▪ Funeral - maximum \$5,000 ▪ Bereavement - maximum \$1,500 (limited to 6 sessions) ▪ Spousal Retraining - maximum \$15,000	▪ Special Education - 5% of Benefit Amount to maximum of \$10,000 per year ▪ Day Care - 5% of Benefit Amount to maximum of \$5,000 per year ▪ Family Transportation - maximum \$15,000 ▪ Home Alteration & Vehicle Modification - maximum \$15,000 or 10% of Benefit Amount to a maximum of \$25,000, whichever is greater ▪ Hospital Confinement Monthly Income - 1% of Benefit Amount to a maximum of \$2,500 per month ▪ Parental Care - 10% of Benefit Amount to a maximum of \$10,000																																																				
Aggregate Limit	\$500,000 for any one known accumulation and Nil per any one Aircraft accumulation																																																					
Exposure	If, while this coverage is in force, you are unavoidably exposed to the elements due to an accident and if, as the result of such exposure and within 365 days of the accident, you suffer a loss which would otherwise be payable, such loss will be covered.																																																					
Disappearance	If you disappear and your body is not found within one year and sufficient evidence is provided and confirms that you sustained accidental bodily injury which caused your death, the Insurer will pay the Principal Sum, provided that the person or persons to whom such sum is paid sign an undertaking to refund such sum to the Insurer if you are subsequently found to be living.																																																					
Loss Schedule	If your bodily injuries result in your Accidental Death, Dismemberment, Loss of Speech and/or Hearing, Paralysis and Loss of Use occurring within 12 months of the date of the accident, the Insurer will pay the percentage of the Principal Sum shown opposite such loss. Each sum is calculated based on your amount of Principal Sum. <table><thead><tr><th></th><th>Percentage of Principal Sum</th></tr></thead><tbody><tr><td>Loss of Life..</td><td>100%</td></tr><tr><td>Loss of or Loss of Use of Both Arms</td><td>100%</td></tr><tr><td>Loss of or Loss of Use of Both Legs.....</td><td>100%</td></tr><tr><td>Loss of or Loss of Use of Both Hands</td><td>100%</td></tr><tr><td>Loss of or Loss of Use of Both Feet</td><td>100%</td></tr><tr><td>Loss of Entire Sight of Both Eyes</td><td>100%</td></tr><tr><td>Loss of or Loss of Use of One Hand and One Foot.....</td><td>100%</td></tr><tr><td>Loss of or Loss of Use of One Hand and Entire Sight of One Eye</td><td>100%</td></tr><tr><td>Loss of or Loss of Use of One Foot and Entire Sight of One Eye</td><td>100%</td></tr><tr><td>Loss of or Loss of Use of One Arm</td><td>75%</td></tr><tr><td>Loss of or Loss of Use of One Leg</td><td>75%</td></tr><tr><td>Loss of or Loss of Use of One Hand</td><td>67%</td></tr><tr><td>Loss of or Loss of Use of One Foot.....</td><td>67%</td></tr><tr><td>Loss of Entire Sight of One Eye</td><td>67%</td></tr><tr><td>Loss of or Loss of Use of Thumb and Index Finger of Any One Hand</td><td>33%</td></tr><tr><td>Loss of or Loss of Use of Four Fingers of Any One Hand</td><td>33%</td></tr><tr><td>Loss of All Toes on One Foot.....</td><td>25%</td></tr><tr><td>Loss of Speech and Hearing in Both Ears.....</td><td>100%</td></tr><tr><td>Loss of Speech.....</td><td>67%</td></tr><tr><td>Loss of Hearing in Both Ears.....</td><td>67%</td></tr><tr><td>Loss of Hearing in One Ear</td><td>25%</td></tr><tr><td>Paraplegia (Both Lower Limbs)</td><td>100%</td></tr><tr><td>Hemiplegia (Upper and Lower Limbs on the Same Side of the Body).....</td><td>100%</td></tr><tr><td>Quadriplegia (Both Upper and Lower Limbs)</td><td>100%</td></tr><tr><td>Brain Death</td><td>100%</td></tr></tbody></table> NOTE: If more than one of the losses occur as the result of one accident, the total amount payable shall not exceed the Principal Sum.			Percentage of Principal Sum	Loss of Life..	100%	Loss of or Loss of Use of Both Arms	100%	Loss of or Loss of Use of Both Legs.....	100%	Loss of or Loss of Use of Both Hands	100%	Loss of or Loss of Use of Both Feet	100%	Loss of Entire Sight of Both Eyes	100%	Loss of or Loss of Use of One Hand and One Foot.....	100%	Loss of or Loss of Use of One Hand and Entire Sight of One Eye	100%	Loss of or Loss of Use of One Foot and Entire Sight of One Eye	100%	Loss of or Loss of Use of One Arm	75%	Loss of or Loss of Use of One Leg	75%	Loss of or Loss of Use of One Hand	67%	Loss of or Loss of Use of One Foot.....	67%	Loss of Entire Sight of One Eye	67%	Loss of or Loss of Use of Thumb and Index Finger of Any One Hand	33%	Loss of or Loss of Use of Four Fingers of Any One Hand	33%	Loss of All Toes on One Foot.....	25%	Loss of Speech and Hearing in Both Ears.....	100%	Loss of Speech.....	67%	Loss of Hearing in Both Ears.....	67%	Loss of Hearing in One Ear	25%	Paraplegia (Both Lower Limbs)	100%	Hemiplegia (Upper and Lower Limbs on the Same Side of the Body).....	100%	Quadriplegia (Both Upper and Lower Limbs)	100%	Brain Death	100%
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Accident Protection Benefit Summary (continued)

Exclusions	This insurance does not cover any claim arising out of bodily injury caused or contributed to by: a) declared or undeclared war or any act thereof or invasion; b) actively participating in acts of terrorism, civil commotions or riots of any kind; c) training, serving or taking part in any capacity in the armed forces (land, sea or air) or their operations, of any country or international authority; d) while serving as a pilot or crew member of any aircraft or while as a passenger in an aircraft which is being used for a purpose other than transportation; e) suicide or attempted suicide or intentional self-injury; f) injury sustained while you are riding in, boarding or alighting from an aircraft owned or leased, by or on behalf of the Policyholder, or any subsidiary or affiliate of such Policyholder, unless specific written agreement has been obtained from the Insurer; or g) acts of terrorism which involve the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).
Payment of Benefits	Benefits for Loss of Life are payable to the Insured Person's Estate. Any other benefits are paid to the Insured Person.