TOWN OF ARLINGTON BOARD OF SELECTMEN

Pilot Bike Share Operator License

The following application shall be verified under oath and shall furnish the following information:

Corporate Name: Neutron Holdings, LLC	D/B/A:	LIME
Address: 2121 S El Camino Real Blvd, San Mateo, CA 94403		
Telephone #: 781.999.1943 Email: scott@limebike.com	<u>I</u>	
Local Community Representative: Scott Mullen		
Federal Identification No. or Social Security No814870517		
Number of Bicycles to be provided in the community:up to 300		
Location of Proposed Docks and/or Storage on Dock-Free Bicycles (outside of apmap of identified public locations has been provided electronically via GoogleMa will work the Nat to do outreach to School Committee, Parks Department, Arling apartment complexes and businesses as well to ensure a comprehensive system the	ps. No private location Housing Authoric	ons secured yet but
Please briefly state your experience in the provision of Bike Share service, includ currently offer bike share services:Lime currently operates more than 60 fleets na fleets include pedal bikes, electric-assist bikes, and electric kick scooters. Since la logged more than three million trips on our shared vehicles.	tionwide and several	in Europe. Our
Please list any facts which you believe tend to prove that public convenience and license: By making bicycles accessible, affordable and available we can enable people to trip that might otherwise have been taken in a car. We operate at no cost to the Town and health goals.	easily jump on a bicyc	le for a fun and active
Please describe your bicycles for the purposes of identification?		9
LimeBikes are lime green with yellow fenders. There is clear branding and instruction	ons on 'How to Lime' o	on the frame.
		

Please describe your means of satisfying requirements of the Bike Share Rules and Orders with respect to:

a) Apprising customers of safety recommendations and state and local rules of safe bicycle operation and use (i.e. advising users to wear helmets, notifying users of parking and storage requirements)

b)	Providing both users and the general public bicycles and/or inoperable bicycles; and	means of contacting you about improperly placed or parked
c)	Recalibrating un-used or under-utilized bio	rcles:
and		e basket that encourages helmet use, reminds the user about proper parking, also included in the 'help' section of our app, in frequent pop-up notices and bank of 'how-to' videos on our YouTube channel.
may		546.3345) hotline to report any issues they may have. Users and non users nitor and respond to social media reports and have an email,
'ho righ sitti use the	tpots' to which we balance bicycles to match demand nt-sizing the number of bikes to the demand we are so ing in one spot for 24hrs, 48hrs, or more. We then pr rs through gamification. If a bike sits for more than a	he system to recalibrate things on a daily basis. We create a network of We use real time data to constantly adjust the bike counts to ensure we are sing. Our system also tracks utilization and will flag bikes that have been paritize those for rebalancing, either by our own staff or by incentivizing our day it becomes a 'bonus bike' and shows up as a special icon on our map. If sir trip is discounted or free. This helps us organically manage the fleet while
	ase provide proof of insurance in the amounts li cycle Share Programs naming the Town of Arlin	ted in Rules and Orders for the Licensing and Operation of Pilot ton as an additional insured.
The	e applicant shall be responsible for keeping this	nformation current during the term of any license issued.
Μ.		selected via competitive procurement process complaint with gent upon the execution and maintenance of satisfactory ats with the Town of Arlington.
	I hereby agree to conform in all respects to the wn, and such other rules and orders/regulations a	onditions governing such license as printed in the By-Laws of the sthe Selectmen may establish.
		Scott Mullen
	Signature	Please Print Name
	Signature	Please Print Name
	Signature	Please Print Name



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/25/2018

NAMED ADOVE FOR THE DOLLOW DEDICE

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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER GMGS Risk Manage	ment & Insurance Services	CONTACT NAME:	Ashley Brewster		
12 Truman		PHONE (A/C, No, Ext):	949-559-3377	FAX (A/C, No):	949-559-6703
Irvine, CA 92620		E-MAIL ADDRESS:	ashleyb@gmgs.com		
			INSURER(S) AFFORDING COVERAGE		NAIC#
www.gmgs.com	0B84519	INSURER A : Bur	lington Insurance Company		23620
INSURED		INSURER B: Ger	neral Star Indemnity Company		37362
Neutron Holdings, Inc. DBA: Limebike		INSURER C: Ohi	o Security Insurance Company		24082
2121 South El Camino Rea	, Suite B100	INSURER D:			
San Mateo CA 94403		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 41520480		REVISION NU	MBER:	

1	NDICA	ATED. NOTWITHSTANDING ANY RE	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS				OR OTHER I	DOCUMENT WITH RESPE	CT TO WHICH THIS
(ERTI	FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORDED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO	O ALL THE TERMS,
INS			ADDL			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	rs .
A	1	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE	INOU		933BW39532	5/1/2017	5/1/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
		CEANING-WADE V GCCON						MED EXP (Any one person)	\$1,000
								PERSONAL & ADV INJURY	\$2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO-						PRODUCTS - COMP/OP AGG	\$1,000,000
		OTHER:			2				\$
С	AUT	TOMOBILE LIABILITY			BAS58148851	9/18/2017	5/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	1	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	1	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		The residence							\$
В		UMBRELLA LIAB OCCUR			IXG928170	7/7/2017	5/1/2018	EACH OCCURRENCE	\$4,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$4,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DE	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
^	As respects General Liability coverage, Certificate Holder is added as Additional Insured, per CG20100704 attached.								
1									

CERTIFICATE HOLDER	CANCELLATION
Town of Arlington 730 Massachusetts Ave Arlington MA 02474	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	Michael Finn
	@ 1000 2015 A CODD CODDODATION All rights recoved

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

cation(s) Of Covered Operations
Il covered locations
t

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above. **B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.