

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/15/2022

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(ies) 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 liqu of such and examined.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement	t. Asta	atement on
	DUCER							on Certificate Center	r	
Wil.	lis Towers Watson Insurance Servic	es W	est,	Inc.		o, Ext): 1-877-		FAX		-467-2378
	26 Century Blvd							(A/C, No):		10, 23,0
	. Box 305191 hville, TN 372305191 USA				ADDRE	SS: certific				
Nas.	IVIIIe, IN 3/2303191 USA							RDING COVERAGE		NAIC#
					INSURE			ty Casualty Company o	of Ame	25674
INSU Aut	RED odesk, Inc.							ity Company of CT		25682
	Market Street, Suite 400				INSURE	RC: Sentry	Casualty C	Company		28460
San	Francisco, CA 94105				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER: W27110267				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEN AIN, T CIES. L	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF AN' ED BY	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
A								MED EXP (Any one person)	\$	10,000
				660 1F21043A-TIL-2	22	08/12/2022	08/12/2023	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO							BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED	DULED BA-3N108410-22-			3-G	08/12/2022	08/12/2023	, , ,		
	AUTOS ONLY AUTOS NON-OWNED					00, 11, 1011	00, 12, 2020	PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMPDELLA LIAD X									5 000 000
A	UMBRELLA LIAB X OCCUR			GTTD 777006505 00 T	_	00 (10 (0000)	00/10/0000	EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE	DE		CUP-7K886525-22-1		08/12/2022	08/12/2023	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 0							A DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE OTH-		
С	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		90-17871-001		02/01/2023	02/01/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)		30 17071 001		02, 01, 2023	02, 01, 2021	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
С	Workers Compensation &			90-17871-002		02/01/2023	02/01/2024	EL Each Accident	\$1,000	,000
	Employers Liability							EL Disease-Each Emp	\$1,000	0,000
	Per Statute	: Statute						EL Disease-Policy Lmt	\$1,000	0,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may b	e attached if more	e space is require	ed)		
The	Named Insured includes Autod	esk,	Inc	and its subsidiarie	es and	d affiliate	es includi	ng, but is not limi	ted to	o the
	lowing:									
	K Ireland Limited									
	emble Systems, LLC	_1	B							
Aut	odesk (China) Software Resear	cn a	ina D	evelopment Co., Ltd	•					
CE	RTIFICATE HOLDER				CANO	ELLATION				
UE	ATHIOATE HOLDER				CAN	LLLATION				
					THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I EY PROVISIONS.		
A 111	todesk, Inc.				AUTHO	RIZED REPRESE	NTATIVE			

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One Market Street, Suite 400 San Francisco, CA 94105

GENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 4

AGENCY	NAMED INSURED	
Willis Towers Watson Insurance Services West, Inc.		Autodesk, Inc.
		One Market Street, Suite 400
POLICY NUMBER		San Francisco, CA 94105
See Page 1		
CARRIER	NAIC CODE	
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance
Autodesk AB
Autodesk Americas LLC
Autodesk ApS
Autodesk Asia Pte. Ltd.
Autodesk Australia Pty. Ltd.
Autodesk Australia Holding Pty. Ltd.
Autodesk B.V.
Autodesk Canada Co.
Autodesk Colombia, S.A.S.
AUTODESK d.o.o
Autodesk de Argentina S.A.
Autodesk de Costa Rica, S.R.L.
Autodesk de Mexico, S.A. de C.V.
Autodesk de Venezuela, S.A.
Autodesk Development S.á.r.l.
Autodesk Direct Limited
Autodesk do Brasil Ltda
Autodesk Far East Limited
Autodesk Finance Holdings Limited (Ireland)
Autodesk France S.A.S.
Autodesk Ges.mbH
Autodesk Global, Inc.
Autodesk Global Holdings Limited
Autodesk GmbH
Autodesk Holdings LLP
Autodesk Hungary Kft.
Autodesk India Private Limited
Autodesk International Holding Co.
Autodesk Ireland Operations Unlimited Company
Autodesk Israel Ltd.
Autodesk Korea Limited
Autodesk Limited
Autodesk Limited
Autodesk Ltd. Japan
Autodesk Netherlands Holdings B.V.
Autodesk Norway AS Autodesk S.R.L.
Autodesk S.r.l.
Autodesk SA
Autodesk Software (China) Co., Ltd.
Autodesk Sp. Z o.o.
Autodesk spol. s.r.o.
Autodesk Taiwan Limited
Autodesk UK Holdings Limited
Autodesk Yazilim Hizmetleri Ticaret Limited Sirketi
Autodesk, Inc.
Autodesk, S.A.
Autodesk Inc Jordan PSC
BuildingConnected, Inc.
CadSoft Computer GmbH

CERT: W27110267

GENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED Autodesk, Inc. One Market Street, Suite 400	
POLICY NUMBER		San Francisco, CA 94105	
See Page 1			
CARRIER	NAIC CODE		
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER:25 FORM TITLE: Certificate of Liability Insurance						
Crispin Systems Limited						
Delcam Australia Pty Limited						
Delcam Consulting and Technology Services Limited						
Delcam Limited						
Delcam Professional Services Limited						
Delcam Software (India) Private Limited						
Graitec GmbH						
Innovyze.AI, Co.						
Innovyze LLC						
Innovyze Ltd.						
Innovyze Pty Ltd.						
Limited Liability Company Autodesk (CIS)						
Moxion						
netfabb GmbH						
netfabb, Inc. U.S.						
PlanGrid, Inc.						
Prodsmart, Inc.						
Prodsmart Informatica, S.A.						
ProEst, Inc.						
Pype LLC						
Shotgun Software, LLC						
Spacemaker AEC Software Oy						
Spacemaker AS Norway						
Spacemaker France SAS						
Spacemaker Sweden AB						
Spacemaker US, LLC						
Storm Australia Holdco Pty Ltd.						
Storm UK Holdco Ltd.						
TradeTapp, Inc.						
Upchain USA LLC						
XP Software Pty Ltd						
XP Solutions Software Limited						
Wild Technology, Inc.						

Additional Insured is included when required by written contract and in accordance with the policy provisions of the Commercial General Liability and Automobile Liability policies.

Waiver of Subrogation is granted when required by written contract (except where not permitted by law), in accordance with the policy provisions of the Commercial General Liability, Automobile Liability and Workers' Compensation (as permitted by law)

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AGENCY CUSTOMER ID:	
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ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED Autodesk, Inc. One Market Street, Suite 400	
POLICY NUMBER		San Francisco, CA 94105	
See Page 1			
	CARRIER	NAIC CODE	
	See Page 1	See Page 1	EFFECTIVE DATE: See Page 1
•	·	·	

ADDITIONAL REMARKS
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER:25 FORM TITLE: Certificate of Liability Insurance
Umbrella/Excess Liability Follows Form.
Primary and non contributing status shall apply when required by written contract and in accordance with the policy provisions of the Commercial General Liability policy.
provisions of the commercial deneral madrifty policy.

ACORD 101 (2008/01)

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