

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/18/2021

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 a this certificate does not confer rights to the certificate | and conditions of the po | licy, certain po | olicies may r | | | . A state | ement on |
|--|--|---|---|---------------------------------|---------------|----------------|-----------|
| PRODUCER | | | | on Certificat | e Center | | |
| Willis Towers Watson Insurance Services West, Inc. | PHO | CONTACT Willis Towers Watson Certificate Center PHONE [A/C, No, Ext): 1-877-945-7378 FAX [A/C, No, Ext): 1-888-467-2378 | | | | 167-2378 | |
| c/o 26 Century Blvd | (A/C, E-MA | No.Ext): + 0// AIL RESS: certific | 745 7570 | | (A/C, No): | 1 000 4 | 2370 |
| P.O. Box 305191 Nashville, TN 372305191 USA | ADDI | | | | | | |
| Nashville, in 3/2303191 USA | | | | DING COVERAGE | | | NAIC# |
| | INSU | RERA: Travele | ers Indemni | ty Company o | f CT | | 25682 |
| INSURED Autodesk, Inc. | INSU | IRER B : | | | | | |
| 111 McInnis Parkway | INSU | INSURER C: | | | | | |
| San Rafael, CA 94903 | INSU | INSURER D: | | | | | |
| | INSU | IRER E : | | | | | |
| | INSU | IRER F : | | | | | |
| COVERAGES CERTIFICATE NUI | MBER: W21834610 | | I | REVISION NU | MBER: | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE I EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMIT INSR! | ERM OR CONDITION OF A INSURANCE AFFORDED B | NY CONTRACT Y THE POLICIES N REDUCED BY I | OR OTHER D S DESCRIBED PAID CLAIMS. | OCUMENT WIT | H RESPEC | CT TO WI | HICH THIS |
| LTR TYPE OF INSURANCE INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | | LIMIT | s | |
| COMMERCIAL GENERAL LIABILITY | | | | EACH OCCURRENT | | \$ | |
| CLAIMS-MADE OCCUR | | | | PREMISES (Ea occ | currence) | \$ | |
| | | | | MED EXP (Any one | person) | \$ | |
| | | | | PERSONAL & ADV | INJURY | \$ | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | GENERAL AGGRE | GATE | \$ | |
| POLICY PRO- LOC | | | | PRODUCTS - COM | IP/OP AGG | \$ | |
| OTHER: | | | | | | \$ | |
| AUTOMOBILE LIABILITY | | | | COMBINED SINGL (Ea accident) | E LIMIT | \$ | |
| ANY AUTO | | | | BODILY INJURY (F | | \$ | |
| OWNED SCHEDULED AUTOS ONLY AUTOS | | | | BODILY INJURY (F | Per accident) | \$ | |
| HIRED NON-OWNED AUTOS ONLY | | | | PROPERTY DAMA (Per accident) | GE | \$ | |
| AUTOS ONLY AUTOS ONLY | | | | (Fer accident) | | \$ | |
| UMBRELLA LIAB OCCUR | | | | EACH OCCURREN | ICE | \$ | |
| EXCESS LIAB CLAIMS-MADE | | | | EACH OCCURRENCE \$ AGGREGATE \$ | | | |
| | | | | AGGREGATE | | \$ | |
| WORKERS COMPENSATION | | | | PER STATUTE | OTH- ER | Ψ | |
| AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N | | | | | _ | | |
| OFFICER/MEMBER EXCLUDED? | | | | E.L. EACH ACCIDE | | \$ | |
| (Mandatory in NH) If yes, describe under | | | | E.L. DISEASE - EA EMPLOYEE \$ | | | |
| DÉSCRIPTION OF OPERATIONS below A Errors & Omissions incld. Cyber | ZPL 71N09330-21-I3 | 09/12/2021 | 08/12/2022 | E.L. DISEASE - PC | LICY LIMIT | \$ \$5,000, | 000 |
| A Errors & Omissions incld. Cyber Retro Date: 08/12/1992 | ZPL /IN09330-21-13 | 08/12/2021 | 06/12/2022 | LIMIC: | | \$5,000, | 000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, A | dditional Remarks Schedule may | v be attached if more | space is require | ed) | | | |
| Coverage shown is Technology Professional Li | · · · | • | | • | risks. T | he Name | ed |
| Insured includes Autodesk, Inc. and its subs | | | | | | | |
| ADSK Ireland Limited | | | | | | | |
| Assemble Systems, LLC | | | | | | | |
| Autodesk (China) Software Research and Devel | lopment Co., Ltd. | | | | | | |
| Autodesk (EMEA) Sárl | | | | | | | |
| CERTIFICATE HOLDER | CAI | NCELLATION | | | | | |
| | SI TI | HOULD ANY OF THE EXPIRATION CCORDANCE WI | I DATE THE | REOF, NOTICE | | | |
| Autodesk Ing | AUTI | HORIZED REPRESE | NTATIVE | | | | |
| Autodesk, Inc. 111 McInnis Parkway | | n-10 | 1/// | | | | |

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San Rafael, CA 94903

| GENCY CUSTOMER ID: | |
|--------------------|--|
| | |

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

| AGENCY Willis Towers Watson Insurance Services West, Inc. POLICY NUMBER See Page 1 | | NAMED INSURED Autodesk, Inc. 111 McInnis Parkway San Rafael, CA 94903 |
|--|------------|--|
| CARRIER | NAIC CODE | |
| See Page 1 | See Page 1 | EFFECTIVE DATE: See Page 1 |

ADDITIONAL REMARKS

| 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 B.V. |
| Autodesk Canada Co. |
| Autodesk Colombia, S.A.S. |
| Autodesk de Argentina S.A. |
| Autodesk de Mexico, S.A. de C.V. |
| Autodesk de Venezuela, S.A. |
| Autodesk Development B.V. |
| Autodesk Development S.á.r.l. |
| Autodesk Direct Limited |
| Autodesk do Brasil Ltda |
| Autodesk for East Limited |
| Autodesk France |
| |
| Autodesk Ges.mbH |
| Autodesk Global, Inc. |
| Autodesk GmbH |
| Autodesk Holdings LLP |
| Autodesk Hungary Kft. |
| Autodesk India Private Limited |
| Autodesk International Holding Co. |
| Autodesk Ireland Operations Limited |
| Autodesk Israel Ltd. |
| Autodesk Korea Limited |
| Autodesk Limited |
| Autodesk Limited |
| Autodesk Ltd. Japan |
| Autodesk Netherlands Holdings B.V. |
| 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, S.A. |
| CadSoft Computer GmbH |
| BuildingConnected, Inc. |
| Crispin Systems Limited |
| Delcam (Malaysia) Sdn. Bhd |
| Delcam Australia Pty Limited |
| Delcam Consulting and Technology Services Limited |
| Delcam Indonesia |
| Delcam Limited |
| Delcam Partmaker Limited |
| |

CERT: W21834610

| AGENCY CUSTOMER ID: | |
|---------------------|--|
| LOC #: | |



ADDITIONAL REMARKS SCHEDULE

| Page | 3 | of | 3 |
|------|---|----|---|
| | | | |

| AGENCY Willis Towers Watson Insurance Services West, Inc. | | NAMED INSURED Autodesk, Inc. 111 McInnis Parkway | |
|---|------------|--|--|
| POLICY NUMBER | | San Rafael, CA 94903 | |
| 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 |
| Delcam Professional Services Limited |
| Delcam Software (India) Private Limited |
| Delta Soft LLC |
| Hankook Delcam Limited |
| Limited Liability Company Autodesk (CIS) |
| netfabb GmbH |
| PlanGrid, Inc. |
| Shotgun Software, Inc. |
| TradeTapp, Inc. |
| Within Technologies Limited |
| Pype, Inc. |
| Pype Technologies Private, Ltd. |
| Innovyze, Inc. |
| Innovyze Ltd. |
| Innovyze Pty Ltd. |
| Innovyze AI, Inc. |
| Upchain Inc. |
| Upchain USA Inc. |
| Upchain d.o.o. |
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