



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2021

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 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).

PRODUCER Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Autodesk, Inc. 111 McInnis Parkway San Rafael, CA 94903	INSURER A: Travelers Property Casualty Company of Ame NAIC # 25674	
	INSURER B: Travelers Indemnity Company of CT 25682	
	INSURER C: Sentry Casualty Company 28460	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: W23126739

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			660 1F21043A-TIL-21	08/12/2021	08/12/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA-3N108410-21-I3-G	08/12/2021	08/12/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP-7K886525-21-I3	08/12/2021	08/12/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	90-17871-002	02/01/2022	02/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Workers Compensation & Employers Liab. Per Statute			90-17871-002	02/01/2022	02/01/2023	EL Each Accident \$1,000,000 EL Disease-Each Emp \$1,000,000 EL Disease-Policy Lmt \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Named Insured includes Autodesk, Inc and its subsidiaries and affiliates including, but is not limited to the following:

ADSK Ireland Limited
 Assemble Systems, LLC
 Autodesk (China) Software Research and Development Co., Ltd.
 Autodesk (EMEA) Sarl

CERTIFICATE HOLDER**CANCELLATION**

Autodesk, Inc. 111 McInnis Parkway San Rafael, CA 94903	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED Autodesk, Inc. 111 McInnis Parkway San Rafael, CA 94903	
POLICY NUMBER See Page 1		NAIC CODE See Page 1	
CARRIER 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 Colombia, S.A.S.
 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 B.V.
 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 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 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
 Crispin Systems Limited*
 Delcam (Malaysia) Sdn. Bhd*



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 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

- Delcam Australia Pty Limited
- Delcam Consulting and Technology Services Limited
- Delcam Limited
- Delcam Professional Services Limited
- Delcam Software (India) Private Limited
- Graitec GmbH
- Hankook Delcam Limited **
- Innovyze LLC
- Innovyze Ltd.
- Innovyze Pty Ltd.
- Limited Liability Company Autodesk (CIS)
- netfabb GmbH
- netfabb Inc.
- PlanGrid Australia Pty Ltd. *
- PlanGrid Canada ULC *
- PlanGrid Hong Kong Limited *
- PlanGrid, Inc.
- Pype LLC
- Pype Technologies Private Limited
- Shotgun Software, LLC
- Spacemaker AEC Software Oy
- Spacemaker AS Norway
- Spacemaker France SAS
- Spacemaker Sweden AB
- Spacemaker US, LLC
- Solid Angle S.L.U.*
- Storm Australia Holdco Pty Ltd.
- Storm UK Holdco Ltd.
- TradeTapp, Inc.
- UPCHAIN d.o.o.
- Upchain USA Inc.
- Within Technologies Limited
- XP Software Pty Ltd
- XP Solutions Software Limited

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)

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.