

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/09/2022

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 lieu of such endorsement(s).												
PRODUCER					CONTACT Willis Towers Watson Certificate Center							
Willis Towers Watson Insurance Services West, Inc.				PHONE 1 000 045 7370 FAX 1 000 467 0370				467-2378				
		Century Blvd				E-MAIL	ss: certifi			A/C, No):		
		x 305191				ADDRE						
Nası	VII	le, TN 372305191 USA							RDING COVERAGE			NAIC#
									y Casualty Com		Ame	25674
INSU		h 7				INSURE	RB: Travel	ers Indemni	ity Company of	CT		25682
		k, Inc. nnis Parkway				INSURE	RC: Sentry	Casualty C	Company			28460
		ael, CA 94903				INSURE						
						INSURE						
CO1	/E C	PACES CER	TIEI	`	NUMBER: W24115643	INSURE	<u>:KF:</u>		DEVISION NUME	DED.		
		RAGES CER S TO CERTIFY THAT THE POLICIES				VE BEE	N ICCLIED TO		REVISION NUME		F DOLL	CV DEDIOD
IN CE	DIC.	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH	QUIR PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH I D HEREIN IS SUBJ	RESPEC	T TO V	VHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
LIK	×		INSD	WVD	T OLIOT NOMBER		(WIW/DD/1111)	(WIW/DD/1111)	EACH OCCURRENCE		\$	1,000,00
									DAMAGE TO RENTED			1,000,00
_		CLAIMS-MADE X OCCUR							PREMISES (Ea occurre	,,,,,	\$	
A					660 1F21043A-TIL-2	21 08/12/2021	08/12/2022	MED EXP (Any one pe	rson) S	\$	10,00	
					660 1F21043A-T1L-2			PERSONAL & ADV IN.	JURY S	\$	1,000,00	
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA	TE S	\$	2,000,00	
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/C	P AGG	\$	2,000,00	
		OTHER:								:	\$	
	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE L	IMIT (\$	1,000,00
	×	ANY AUTO						(Ea accident) BODILY INJURY (Per p	person)	\$		
В	<u>^</u>	OWNED SCHEDULED			BA-3N108410-21-I3-	-G 08/12/2021	08/12/2021	08/12/2022	` '		\$	
		AUTOS ONLY AUTOS NON-OWNED			DII 3N100110 ZI 13		00,12,2021			1	-	
		AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)		\$		
											\$	
A		UMBRELLA LIAB X OCCUR							EACH OCCURRENCE		\$	5,000,00
	×	EXCESS LIAB CLAIMS-MADE			CUP-7K886525-21-I	:3	08/12/2021	08/12/2022	AGGREGATE		\$	5,000,00
		DED X RETENTION \$ 0								;	\$	
		RKERS COMPENSATION							X PER STATUTE	OTH- ER		
С	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT		\$	1,000,00		
	OFF	ICER/MEMBER EXCLUDED?	N/A		90-17871-001		02/01/2022	02/01/2023				1,000,00
	If ye	s, describe under				20 (21 (2222			E.L. DISEASE - EA EM			1,000,00
		CCRIPTION OF OPERATIONS below			00 15051 000			20/21/222	E.L. DISEASE - POLIC		\$	
С		rkers Compensation &			90-17871-002		02/01/2022	02/01/2023	EL Each Acciden	1.	\$1,000	
	Emp	ployers Liab.							EL Disease-Each		\$1,000	
	Per Statute 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.												
Aut	Autodesk (EMEA) Sárl											
CERTIFICATE HOLDER CANCELLATION												

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 Autodesk, Inc. 111 McInnis Parkway San Rafael, CA 94903

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GENCY CUSTOMER ID:	

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 4

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		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 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 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 ok holdings himited Autodesk Yazilim Hizmetleri Ticaret Limited Sirketi					
Autodesk Fazilim Hizmetleri Ticaret Limited Sirketi Autodesk, Inc.					
Autodesk, S.A.					
Autodesk Inc Jordan PSC					
BuildingConnected, Inc.					
CadSoft Computer GmbH					
Caabolt Compacel GmDH					

CERT: W24115643

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page	3	of	
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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					
Hankook Delcam Limited					
Innovyze.AI, Co.					
Innovyze LLC					
Innovyze Ltd.					
Innovyze Pty Ltd.					
Limited Liability Company Autodesk (CIS)					
Moxion Limited Marking To a					
Moxion, Inc.					
netfabb GmbH					
netfabb Inc.					
PlanGrid Australia Pty Ltd.					
PlanGrid Canada ULC					
PlanGrid Hong Kong Limited					
PlanGrid, Inc.					
Prodsmart, Inc.					
Prodsmart Informatica, S.A.					
ProEst, Inc.					
Pype LLC					
Pype Technologies Private Limited					
Shotgun Software, LLC Spagnakor AEC Software Ov					
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.					
Tinderbox Media Limited					
TradeTapp, Inc.					
Upchain USA LLC					
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)

ACORD 101 (2008/01)

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AGENCY CUSTOMER ID:	
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ADDITIONAL REMARKS SCHEDULE

Page 4 of 4

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See Page 1		
CARRIER		
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1
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CARRIER	NAIC CODE						
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	RD FORM,						
FORM NUMBER: 25 FORM TITLE: Certificate of		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.						

ACORD 101 (2008/01)

CERT: W24115643