

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/15/2023

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.

lf :	PORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ne te	rms and conditions of th	ne polic	y, certain po	olicies may ı	-		
PROD	this certificate does not confer rights to the certificate holder in lieu of su					CONTACT   Willis Towers Watson Certificate Center   NAME:				
	is Towers Watson Insurance Servic 26 Century Blvd	es W	est,	Inc.	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378					-467-2378
P.O.	Box 305191				É-MAIL ADDRE	SS: certifi	cates@willi	s.com		
Nash	ville, TN 372305191 USA							RDING COVERAGE		NAIC#
								y Casualty Company o	of Ame	25674
INSU					INSURE	RB: Travel	ers Indemni	ty Company of CT		25682
	desk, Inc. Market Street, Suite 400				INSURE	RC: Sentry	Casualty C	Company		28460
		INSURER D:								
					INSURE	RE:				
					INSURE	RF:				1
COVERAGES CERTIFICATE NUMBER: W28971013						REVISION NUMBER:				
	IS IS TO CERTIFY THAT THE POLICIES									
	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I			,						
	CLUSIONS AND CONDITIONS OF SUCH		-		BEEN F					
NSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (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
		Y	Y	660 1F21043A-TIL-2	22	08/12/2022	08/12/2023	PERSONAL & ADV INJURY	\$	1,000,000

INSR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 1,000,000
A							MED EXP (Any one person)	\$ 10,000
		Y	Y	660 1F21043A-TIL-22	08/12/2022	08/12/2023	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT X 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 AUTOS ONLY	Y	Y	BA-3N108410-22-I3-G	08/12/2022	08/12/2023	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							,	\$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
-	X EXCESS LIAB CLAIMS-MADE			CUP-7K886525-22-I3	08/12/2022	08/12/2023	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 0							\$
	WORKERS COMPENSATION						X PER OTH-	
С	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A	Y	90-17871-001	02/01/2022	02/01/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	147.4	-	90-1/8/1-001	02/01/2023	3 02/01/2024	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 &		Y	90-17871-002	02/01/2023	02/01/2024	EL Each Accident	\$1,000,000
	Employers Liability						EL Disease-Each Emp	\$1,000,000
	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.

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.
Autodesk, Inc.	AUTHORIZED REPRESENTATIVE
One Market Street, Suite 400	n+ 01/1/-
San Francisco, CA 94105	1/10 Call

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AGENCY 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 See Page 1		San Francisco, CA 94105
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 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.1.
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

ACORD 101 (2008/01)

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AGENCY CUSTOMER ID:	
LOC #:	·

ACORD®

## **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
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 LtC  Innovyze Ltd.  Innovyze Pty Ltd.  Limited Liability Company Autodesk (CIS)  Moxion Limited
Moxion, Inc.
netfabb GmbH netfabb, Inc. U.S.
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
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
Wild Technology, Inc.
Unifi Labs, 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

AGENCY CUSTOMER ID:	
1.00 #.	



# **ADDITIONAL REMARKS SCHEDULE**

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

See Tage 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
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.

ACORD 101 (2008/01)