

PRODUCER  
Serial # 285625  
**WILLIS CANADA INC., UNE SOCIÉTÉ DE WILLIS TOWERS WATSON**  
1800 MCGILL COLLEGE AVENUE, 22ND FLOOR  
MONTREAL, QUEBEC H3A 3J6

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED  
**AUTODESK CANADA CO.**  
10 DUKE STREET  
MONTREAL, QC H3C 2L7

| INSURERS AFFORDING COVERAGE | NAIC# |
|-----------------------------|-------|
| INSURER A: CHUBB CANADA     |       |
| INSURER B:                  |       |
| INSURER C:                  |       |
| INSURER D:                  |       |
| INSURER E:                  |       |

**COVERAGES**

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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L NSRD | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |                  |  |
|----------|------------|--|---------------|----------------------------------|-----------------------------------|---|------------------|--|
| A        |            | <b>GENERAL LIABILITY</b>   | CGL327349     | 08/12/22                         | 08/12/23                          | EACH OCCURRENCE   | \$ 2,000,000 USD |  |
|          |            | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |               |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence)                                   | \$               |  |
|          |            | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                               |               |                                  |                                   | MED EXP (Any one person)  | \$ 10,000 USD    |  |
|          |            | <input checked="" type="checkbox"/> NON-OWNED AUTO - \$1,000,000 USD   |               |                                  |                                   | PERSONAL & ADV INJURY   | \$ 2,000,000 USD |  |
|          |            | GEN'L AGGREGATE LIMIT APPLIES PER:   |               |                                  |                                   | GENERAL AGGREGATE   | \$ 2,000,000 USD |  |
|          |            | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC               |               |                                  |                                   | PRODUCTS - COMP/OP AGG  | \$ 2,000,000 USD |  |
|          |            |  |               |                                  |                                   | TENANT'S LEGAL LIABILITY  | \$1,000,000 USD  |  |
|          |            | <b>AUTOMOBILE LIABILITY</b>  |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident)   | \$               |  |
|          |            | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | BODILY INJURY (Per person)  | \$               |  |
|          |            | <input type="checkbox"/> ALL OWNED AUTOS   |               |                                  |                                   | BODILY INJURY (Per accident)  | \$               |  |
|          |            | <input type="checkbox"/> SCHEDULED AUTOS   |               |                                  |                                   | PROPERTY DAMAGE (Per accident)  | \$               |  |
|          |            | <input type="checkbox"/> HIRED AUTOS   |               |                                  |                                   |   |                  |  |
|          |            | <input type="checkbox"/> NON-OWNED AUTOS   |               |                                  |                                   |   |                  |  |
|          |            | <input type="checkbox"/> ALL AUTOS OWNED AND/OR LEASED TO THE NAMED INSURED                                  |               |                                  |                                   |   |                  |  |
|          |            | <b>GARAGE LIABILITY</b>  |               |                                  |                                   | AUTO ONLY - EA ACCIDENT   | \$               |  |
|          |            | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC  | \$               |  |
|          |            |  |               |                                  |                                   | AGG   | \$               |  |
|          |            | <b>EXCESS/UMBRELLA LIABILITY</b>   |               |                                  |                                   | EACH OCCURRENCE   | \$               |  |
|          |            | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  |               |                                  |                                   | AGGREGATE   | \$               |  |
|          |            |  |               |                                  |                                   |   | \$               |  |
|          |            | <input type="checkbox"/> DEDUCTIBLE  |               |                                  |                                   |   | \$               |  |
|          |            | <input type="checkbox"/> RETENTION \$  |               |                                  |                                   |   | \$               |  |
|          |            | <b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>  |               |                                  |                                   | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |                  |  |
|          |            | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below |               |                                  |                                   | EL EACH ACCIDENT  | \$               |  |
|          |            |  |               |                                  |                                   | EL DISEASE - EA EMPLOYEE  | \$               |  |
|          |            |  |               |                                  |                                   | EL DISEASE - POLICY LIMIT   | \$               |  |
|          |            | <b>OTHER</b>   |               |                                  |                                   |   |                  |  |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
WITH REGARD TO THE COMMERCIAL GENERAL LIABILITY POLICY, IT IS HEREBY UNDERSTOOD AND AGREED THAT THE NAMED INSURED INCLUDES UPCHAIN, AUTODESK CANADA CO., ONTARIO INC. (LOCATIONS 1695545 AND 2830758), COMPLETE SOLUTION, INC., PLANGRID CANADA ULC, INNOVYZE AI, INC.

**CERTIFICATE HOLDER**

**CANCELLATION**

**AUTODESK CANADA CO.**  
10 DUKE STREET  
MONTREAL, QC H3C 2L7

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*RJF* RP