



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/15/2022

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).

<b>PRODUCER</b> Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Autodesk, Inc. One Market Street, Suite 400 San Francisco, CA 94105	<b>INSURER A:</b> Travelers Property Casualty Company of Ame	25674
	<b>INSURER B:</b> Travelers Indemnity Company of CT	25682
	<b>INSURER C:</b> Sentry Casualty Company	28460
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** W25438951      **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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			660 1F21043A-TIL-22	08/12/2022	08/12/2023	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	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA-3N108410-22-I3-G	08/12/2022	08/12/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP-7K886525-22-I3	08/12/2022	08/12/2023	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		90-17871-001	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) Sàrl

<b>CERTIFICATE HOLDER</b>  Autodesk, Inc. One Market Street, Suite 400 San Francisco, CA 94105	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED Autodesk, Inc. One Market Street, Suite 400 San Francisco, CA 94105	
POLICY NUMBER See Page 1			
CARRIER See Page 1	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 Yazilim Hizmetleri Ticaret Limited Sirketi
- Autodesk, Inc.
- Autodesk, S.A.
- Autodesk Inc Jordan PSC
- BuildingConnected, Inc.
- CadSoft Computer GmbH



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Willis Towers Watson Insurance Services West, Inc.		<b>NAMED INSURED</b> Autodesk, Inc. One Market Street, Suite 400 San Francisco, CA 94105	
<b>POLICY NUMBER</b> See Page 1		<b>EFFECTIVE DATE:</b> See Page 1	
<b>CARRIER</b> See Page 1	<b>NAIC CODE</b> See Page 1		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**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
- 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.

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)

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 San Francisco, CA 94105	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
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### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability 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.