

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/11/2025

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).

	is certificate does not confer rights t				-		-	equire an endorsement	. A Sta	atement on
PRODUCER					CONTACT WTW Certificate Center					
Willis Towers Watson Insurance Services West, Inc.					PHONE (A/C, No	Fxt). 1-877-	-945-7378	FAX (A/C, No):	1-888-	-467-2378
c/o 26 Century Blvd P.O. Box 305191						SS: Certific	cates@wtwcc		-	
	ville, TN 372305191 USA				ADDILL			DING COVERAGE		NAIC#
					INSURE	- 1		y Casualty Company o	of Ame	25674
INSU	RED					RB: Sentry		<u> </u>		28460
	odesk, Inc.						cabaare, c	ompariy		
	Market Street, Suite 400 Francisco, CA 94105				INSURE					
ball	Francisco, CA 94103				INSURE					
					INSURE				$\overline{}$	
	VED A OF O	TIF1		E NUMBER: W37716243	INSURE	RF:		DEVICION NUMBER		
TI IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	OF QUIF PERT	INSUF REMEI AIN,	RANCE LISTED BELOW HAVINT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIES	THE INSURE OR OTHER I S DESCRIBEI	OCUMENT WITH RESPE	CT TO V	WHICH THIS
INSR	KCLUSIONS AND CONDITIONS OF SUCH	ADDL	SUBR	R	BEEN	POLICY FFF	POLICY EXP			
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1 000 000
								DAMAGE TO RENTED	\$	1,000,000
_	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	1,000,000
A				H-660-1F21043A-TIL-	-24 08/12/2024	08/12/2025	MED EXP (Any one person)	\$	10,000	
				11-000-11-210-15A-11B-	21	00/12/2024	00/12/2025	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							COMBINED SINGLE LIMIT	\$	1 000 000
	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000
A	ANY AUTO OWNED SCHEDULED						00/10/0005	BODILY INJURY (Per person)	\$	
^	AUTOS ONLY AUTOS HIRED NON-OWNED			BA-3N108410-24-I3		08/12/2024	08/12/2025	BODILY INJURY (Per accident)		
	AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
A	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUP-7K886525-24-I	3 08/12/2024	08/12/2025	AGGREGATE	\$	5,000,000	
	DED X RETENTION \$ 0								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					02/01/2025	02/01/2026	X PER STATUTE OTH-		
В	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9017871001				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC							•		
Thi	s Voids and Replaces Previous	ly I	ssue	ed Certificate Dated	01/08	3/2025 WIT	H ID: W374	00384.		
The	Named Insured includes Autod	ock	Tno	and its subsidiari	ag and	l affiliat	es includi	ng but is not limi	+64 +	o the
	lowing:	cor,	. 1110	c and ics substitution	es and	alliliace	es includi	ng, but is not iimi	.cea c	o che
ADS	K Ireland Limited									
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.					
7.17	odesk Inc				AUTHORIZED REPRESENTATIVE					
Autodesk, Inc. One Market Street, Suite 400						010	1/1//			

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San Francisco, CA 94105

GENCY	CUSTOMER ID:	

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 4

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
ADSK Norway AS
ADSK Norway Holdings AS
Aether Media, Inc.
Assemble Systems, LLC
Autodesk (China) Software Research and Development Co., Ltd.
Autodesk (EMEA) Sárl*
Autodesk AB
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 S.á.r.l.*
Autodesk Direct Limited
Autodesk do Brasil Ltda
Autodesk doo Novi Sad
Autodesk Far East Limited ????????
Autodesk Finance Holdings Limited (Ireland)
Autodesk Finland Oy
Autodesk France S.A.S.
Autodesk Ges.mbH
Autodesk Global, Inc.
Autodesk Global Holdings Limited
Autodesk GmbH
Autodesk Hungary Kft.
Autodesk India Private Limited
Autodesk India Store 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 Norway Operations AS
Autodesk Portugal, Unipessoal Lda.
Autodesk S.R.L.
Autodesk S.r.l.
Autodesk SA
Autodesk Software (China) Co., Ltd.
Autodesk Sp. Z o.o.

GENCY 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	
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See Page 1		
CARRIER	NAIC CODE	
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1

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 spol. s.r.o.				
Autodesk Taiwan, Ltd.				
Autodesk UK Holdings Limited				
Autodesk Yazilim Hizmetleri Ticaret Limited Sirke	ti			
Autodesk, Inc.				
Autodesk, S.A.				
Autodesk Inc Jordan PSC				
BuildingConnected, Inc.				
CadSoft Computer GmbH*				
Datum360 Holdco Limited				
Datum360 Limited				
Datum360 Pty Ltd				
Delcam Australia Pty Ltd				
Delcam Consulting and Technology Services Limited	1			
Delcam Limited	-			
Delcam Software (India) Private Limited				
Flexsim Software Products, Inc.				
Graitec GmbH*				
Hart Business Solutions, LLC				
HD Solutions Co., Ltd.**				
Innovyze LLC				
Innovyze Ltd.				
Innovyze Pty Limited				
Moxion				
NAVASTO GmbH				
netfabb GmbH*				
Payapps.com LLC*				
Payapps.com (UK) Ltd.				
Payapps Limited*				
Payapps (NZ) Limited*				
Payapps Pty Ltd.				
PlanGrid Australia Pty Ltd *				
PlanGrid, Inc.				
Prodsmart, Inc.*				
ProEst, Inc.				
Pype LLC				
Shotgun Software, LLC				
Spacemaker France SAS*				
Spacemaker Sweden AB*				
Solid Angle S.L.U.*				
Storm Australia Holdco Pty Ltd				
TradeTapp, Inc.				
Unifi Labs, Inc.				
Webcontractor Holdings Ltd.*				
Webcontractor Ltd.				
Wild Technology, Inc.				
X2X, LLC				
XP Software Pty Limited				
Additional Insured is included when required by w	ritten con	atract and in accordance with the policy provisions of the		

ACORD 101 (2008/01)

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AGENCY CUSTOMER ID:	
1.00 #.	



ADDITIONAL REMARKS SCHEDULE

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	See Page 1		
	CARRIER	NAIC CODE	
	See Page 1	See Page 1	EFFECTIVE DATE: See Page 1
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POLICY NUMBER		Can Pranciago CA 04105			
See Page 1		San Francisco, CA 94105			
	NAIC CORE				
CARRIER See Page 1	NAIC CODE See Page 1	FFFFCTWF DATE: G = D = 1			
	see rage r	EFFECTIVE DATE: See Page 1			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC					
FORM NUMBER: 25 FORM TITLE: Certificate of	Liability	Insurance			
Commercial General Liability and Automobile Liab	ility polic	ies.			
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.					
Umbrella/Excess Liability Follows Form.					
Primary and non contributing status shall apply a provisions of the Commercial General Liability po		ed by written contract and in accordance with the policy			

ACORD 101 (2008/01)