



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/02/2024

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 Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT WTW Certificate Center NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378	
	E-MAIL ADDRESS: certificates@wtwco.com	
INSURER(S) AFFORDING COVERAGE		
INSURER A: Travelers Property Casualty Company of Ame		NAIC # 25674
INSURER B: Sentry Casualty Company		28460
INSURER C: Sentry Insurance Company		24988
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES	CERTIFICATE NUMBER: W33480324	REVISION NUMBER:
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	H-660-1F21043A-TIL-23	08/12/2023	08/12/2024	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
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BA-3N108410-23-I3-G	08/12/2023	08/12/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP-7K886525-23-I3	08/12/2023	08/12/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	90-17871-001	02/01/2024	02/01/2025	<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 Liability Per Statute		Y	90-17871-002	02/01/2024	02/01/2025	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
ADSK Norway AS
ADSK Norway Holdings AS
Assemble Systems, LLC

CERTIFICATE HOLDER	CANCELLATION
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Autodesk, Inc. One Market Street, Suite 400 San Francisco, CA 94105	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



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		NAIC CODE See Page 1	
CARRIER 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 (China) Software Research and Development Co., Ltd.
- Autodesk (EMEA) Sàrl*
- 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 Far East Limited ??????????
- Autodesk Finance Holdings Limited (Ireland)
- 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 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.
- 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



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

ADDITIONAL REMARKS

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

- BuildingConnected, Inc.
 - CadSoft Computer GmbH*
 - Delcam Australia Pty Ltd
 - Delcam Consulting and Technology Services Limited
 - 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 Ltd.
 - Moxion
 - netfabb GmbH*
 - Payapps.com, Inc.
 - Payapps.com (UK) Ltd.
 - Payapps Limited
 - Payapps (NZ) Limited
 - Payapps Pty Ltd.
 - PlanGrid Australia Pty Ltd. *
 - PlanGrid Canada ULC *
 - PlanGrid, Inc.
 - Prodsmart, Inc.
 - ProEst, Inc.
 - Pype LLC
 - Pype Technologies Private Limited*
 - Shotgun Software, LLC
 - Spacemaker AEC Software Oy*
 - 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 Ltd
 - XP Solutions Software Limited*
- (*) inactive subsidiaries / subsidiaries scheduled to be wound up
 (**) subsidiaries in which Autodesk, Inc. controls a partial interest

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)



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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.