

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/18/2023

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.

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 to							equire an endorsement	. A 310	itement on	
PRO	DUCER				CONTACT NAME:						
MARSH USA, LLC. 1166 Avenue of the Americas						PHONE FAX (A/C, No, Ext): (A/C, No):					
New York, NY 10036						E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE NAIC #					
CN1	01670609CPROF-23-24				INSURER A : Zurich						
INSURED Honovwoll International Inc						INSURER B:					
Honeywell International Inc. and/or its Subsidiary Companies						INSURER C:					
	300 S Tryon St Suite 500, 6th Floor				INSURER D:						
Charlotte, NC 28202						INSURER E:					
						INSURER F:					
				NUMBER:	NYC-011332650-14 REVISION NUMBER: 2						
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		ADDL INSD	SUBR		POLICY EFF POLICY EXP						
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NOWIBER	(MM/DD/YYYY) (MM/DD/YYYY		(MIM/DD/TTTT)	EACH OCCURRENCE \$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	OE WING WINGE GOOGIN							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
<u> </u>	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	- aaa aaa	
A	Cyber/Professional Liability			EOC 0296867 - 06		06/01/2023	06/01/2024	Limit:		5,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (A	CORD	101. Additional Remarks Schedu	le. mav he	attached if more	e space is require	ed)			
	Professional policy evidenced above is subject to self-				ic, may be	attached il more	s space is require	su)			
CE	RTIFICATE HOLDER			CANCELLATION							
Honeywell International Inc. 115 Tabor Road Morris Plains, NJ 07950						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					
						Warsh 2154 110					

AGENCY CUSTOMER ID: CN101670609

LOC #: New York



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED								
MARSH USA, LLC.		Honeywell International Inc. and/or its Subsidiary Companies 300 S Tryon St Suite 500, 6th Floor Charlotte, NC 28202								
POLICY NUMBER		300 S Tryon St Suite 500, 6th Floor								
		Charlotte, NC 28202								
CARRIER	NAIC CODE									
		EFFECTIVE DATE:								
ADDITIONAL REMARKS										
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,										
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance										
The Professional policy evidenced above is subject to self-insured retentions for various perils covered.										