

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/01/2017

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 comer right	is to the certificate holder in hea or such	enuorsemen	ແຈ <i>ງ</i> .				
PRODUCER	Inc.	CONTACT NAME:					
Aon Risk Services Northeast, New York NY Office 199 Water Street New York NY 10038-3551 USA		PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): 800-363-0105			
		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING CO	VERAGE	NAIC#		
INSURED Honeywell International Inc. 115 Tabor Road Morris Plains NJ 07950 USA		INSURER A:	Greenwich Insurance Co	mpany	22322		
		INSURER B: XL Insurance America Inc			24554		
		INSURER C: XL Specialty Insurance Co			37885		
		INSURER D:					
		INSURER E:					
		INSURER F:					
COVEDACES	CERTIFICATE MUMPER, 5700645070	00	DEVICION	NUMBED.			

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 POLICIÉS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INICD	INSR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS								
INSR LTR		TYPE OF INSURANCE	INSD	WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	S
Α	Х	COMMERCIAL GENERAL LIABILITY			RGC943763004	04/01/2017	04/01/2018	EACH OCCURRENCE	\$5,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$5,000,000
								MED EXP (Any one person)	\$50,000
								PERSONAL & ADV INJURY	\$5,000,000
	GE	N'LAGGREGATE LIMIT APPLIES PER:						GENERALAGGREGATE	\$5,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	Included
		OTHER:							
Α	AU.	TOMOBILE LIABILITY			RAC943764204 AOS	04/01/2017	04/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
	х	ANYAUTO			7.100			BODILY INJURY (Per person)	
		OWNED SCHEDULED						BODILY INJURY (Per accident)	
		AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
		NOTES SINET							
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	
		DED RETENTION							
В		ORKERS COMPENSATION AND IPLOYERS' LIABILITY			RWD943540304	04/01/2017	04/01/2018	X PER STATUTE OTH-	
С	ANY PROPRIETOR / PARTNER / EXECUTIVE				AOS RWC943540204	04/01/2017	04/01/2018	E.L. EACH ACCIDENT	\$5,000,000
ľ	(M	andatory in NH)	N/A		AK, WI	04/01/2017	04/01/2010	E.L. DISEASE-EA EMPLOYEE	\$5,000,000
	If y	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$5,000,000
С	E>	ccess WC			RWE943540204	04/01/2017	04/01/2018	EL Each Accident	\$5,000,000
					AZ, OH, WA SIR applies per policy ter	ms & condi	tions	EL Disease - Ea Emp EL Annual Aggregate	\$5,000,000 \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

-Evidence of Coverage.

-Note: Intelligrated, Inc.; Intelligrated Systems, LLC; Intelligrated Services, LLC; Intelligrated Software, LLC; Intelligrated Systems, Inc.; Intelligrated Products, LLC; United Sortation Solutions, LLC; and Electro Mechanical Devices, LLC are wholly owned subsidiaries of Honeywell International Inc.

-Blanket Additional Insured where required by written contract endorsement in included on the applicable policies above, except workers' Compensation.

-Blanket Contractural Liability is included on the applicable policies shown above, except Workers' Compensation.

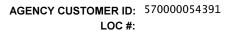
CERTIFICATE HOLDER	CANCELLATION

Honeywell International Inc. 115 Tabor Rd. Morris Plains NJ 07950 USA

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

Aon Rish Services Northeast Inc.





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	east, Inc.						rnational Ir	nc.	
POLICY NUMBER See Certificate Number: 570064507002									
CARRIER NAIC CODE See Certificate Number: 570064507002						CTIVE DATE:			
ITIONAL REMARKS									
						e			
INSURER(S)	AFFORDI	NG C	OVERAC	SE .		NAIC #			
RER									
RER									
RER									
RER									
DITIONAL POLICIES					nforn	· 	•	ing policy on the	ACORD
TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POI	JCY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	лтs
OTHER									
			Excess WC	- NM	v te	04/01/2017	4/01/2018		
Excess WC Limit	S		<u> </u>	es per porre	.,		0.1.5		
are Statutory i	n								
AZ, OH, WA, & N	M								
	Risk Services Norther Risk Services Norther Number Certificate Number: ER Certificate Number: ER Certificate Number: INTIONAL REMARKS ADDITIONAL REMARKS M NUMBER: ACORD 25 INSURER(S) A ERER ERER TYPE OF INSURANCE OTHER Excess WC Limit are Statutory i	Risk Services Northeast, Inc. P NUMBER Certificate Number: 570064507 ER Certificate Number: 570064507 ER Certificate Number: 570064507 ER CONTIONAL REMARKS E ADDITIONAL REMARKS E ADDITIONAL REMARKS FORM IS A M NUMBER: ACORD 25 FORM TI INSURER(S) AFFORDIT RER ER E	Risk Services Northeast, Inc. YNUMBER Certificate Number: 570064507002 ER Certificate Number: 570064507002 DITIONAL REMARKS FADDITIONAL REMARKS FORM IS A SCHE M NUMBER: ACORD 25 FORM TITLE: INSURER(S) AFFORDING C RER RER DITIONAL POLICIES TYPE OF INSURANCE Excess WC Limits are Statutory in	Risk Services Northeast, Inc. YNUMBER Certificate Number: 570064507002 ER Certificate Number: 570064507002 DITIONAL REMARKS ADDITIONAL REMARKS FORM IS A SCHEDULE TO A M NUMBER: ACORD 25 FORM TITLE: Certificate INSURER(S) AFFORDING COVERACE FRER FRER FRER DITIONAL POLICIES If a policy below does not certificate form for policy I TYPE OF INSURANCE ADDL SUBR WVD POI OTHER EXCESS WC Limits are Statutory in	Risk Services Northeast, Inc. YNUMBER Certificate Number: 570064507002 ER Certificate Number: 570064507002 DITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM M NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Ins INSURER(S) AFFORDING COVERAGE FRER FRER FRER FRER FORTIONAL POLICIES If a policy below does not include limit is certificate form for policy limits. TYPE OF INSURANCE ADDL SUBR WVD FOLICY NUMBER RWE943540504 Excess WC - NM SIR applies per policy Excess WC Limits are Statutory in	Risk Services Northeast, Inc. WANDMEER Certificate Number: 570064507002 EFFEC OPTIONAL REMARKS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, MINUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance INSURER(S) AFFORDING COVERAGE IRER RER IRER IRER INSURER IT a policy below does not include limit inform certificate form for policy limits. TYPE OF INSURANCE ADDITIONAL POLICIES TYPE OF INSURANCE ADDITIONAL POLICIES TYPE OF INSURANCE ADDITIONAL POLICIES ADDITIONAL POLICIES TYPE OF INSURANCE ADDITIONAL POLICIES ADDITIONAL POLICIES POLICY NUMBER ADDITIONAL POLICY NU	Risk Services Northeast, Inc. Risk Services Northeast, Inc. WINDBER Certificate Number: 570064507002 EFFECTIVE DATE: DITIONAL REMARKS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, MINUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance INSURER(S) AFFORDING COVERAGE INSURER(S) AFFORDING COVERAGE RER RER RER DITIONAL POLICIES If a policy below does not include limit information, refer to certificate form for policy limits. TYPE OF INSURANCE ADDL SUBR INSUR POLICY NUMBER REFECTIVE DATE: EFFECTIVE DA	Risk Services Northeast, Inc. Moneywell International Int	Risk Services Northeast, Inc. **NUMBER** Certificate Number: 570064507002 ER **Certificate Number: 570064507002 ER **Cortificate Number: 570064507002 ER **Cortificate Number: 570064507002 EFFECTIVE DATE: **DITIONAL REMARKS** ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, M NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance **INSURER(S) AFFORDING COVERAGE **RER** **RER** **RER** **POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the certificate form for policy limits. **TYPE OF INSURANCE** ADDL SUBR WYD **POLICY NUMBER** **POLICY EFFECTIVE PATE (IMM/DD/YYYY) OTHER** **REVE943540504** EXCESS WC Limits** **REVEPACH LIMIT

AGENCY CUSTOMER ID: 570000054391

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED	
Aon Risk Services Northeast, Inc.		Honeywell International Inc.	
POLICY NUMBER			
See Certificate Number: 570064507002			
CARRIER	NAIC CODE		
See Certificate Number: 570064507002		EFFECTIVE DATE:	
ADDITIONAL DEMARKS			

See Certificate Number: 570064507002 EFFECTIVE DATE:						
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: ACORD 25 FORM TITLE: Certificate	e of Liability Insurance					
Additional Description of Operations / Locations / Vehicles: -A Waiver of Subrogation where required by wr	ritten contract is included on the applicable policies shown					
above.						
-Honeywell will provide the 150 endorsement i	orm numbers where required by written contract upon request.					