

## 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 confer rights to the certificate holder in lieu of such endorsement(s)

ocitinoate does not come righ	to to the certificate floraer in fied of such	ciiaoisciiicii	τ(3).				
PRODUCER		CONTACT NAME:					
Aon Risk Services Northeast, I New York NY Office 199 Water Street New York NY 10038-3551 USA	Inc.	PHONE (A/C. No. Ext):	3-0105				
		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERAGE				
INSURED		INSURER A:	Greenwich Insuran	22322			
Honeywell International Inc. 115 Tabor Road Morris Plains NJ 07950 USA		INSURER B: XL Insurance America Inc			24554		
		INSURER C:	XL Specialty Insu	rance Co	37885		
		INSURER D:					
		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 5700636174	18	RFV	SION 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.

	CECOLONO AND CONDITIONS OF SOCIE					Limits snov	wn are as requested
INSR LTR	TYPE OF INSURANCE	ADDL SUBFINSD WVD		POLICY EFF (MM/DD/YYYY)		LIMITS	
Α	X 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
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERALAGGREGATE	\$5,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	Included
	OTHER:						
Α	AUTOMOBILE LIABILITY		RAC943764204 AOS	04/01/2017	04/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
	X ANY AUTO		7.00			BODILY INJURY ( Per person)	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	
	DED RETENTION						
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		RWD943540304	04/01/2017	04/01/2018	X PER STATUTE OTH-	
С	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A	AOS RWC943540204	04/01/2017	04/01/2018	E.L. EACH ACCIDENT	\$5,000,000
ľ	(Mandatory in NH)	N/A	AK, WI			E.L. DISEASE-EA EMPLOYEE	\$5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT	\$5,000,000
С	Excess WC		RWE943540404	04/01/2017	04/01/2018	EL Each Accident	\$5,000,000
			AZ, OH, WA SIR applies per policy ter	ms & condit	ions	EL Disease - Ea Emp EL Annual Aggregate	\$5,000,000 \$5,000,000
				l	1		

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

-Evidence of Coverage.

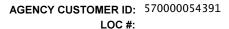
-Evidence of Coverage. -Blanket Additional Insured where required by written contract endorsement in included on the applicable policies above, excep Workers' Compensation. -Blanket Contractural Liability is included on the applicable policies shown above, except Workers' Compensation. -A Waiver of Subrogation where required by written contract is included on the applicable policies shown above. -Honeywell will provide the ISO endorsement form numbers where required by written contract upon request.

CERTIFICATE HOLDER	CANCELLATION
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. Honeywell International Inc. AUTHORIZED REPRESENTATIVE

115 Tabor Rd. Morris Plains NJ 07950 USA

Aon Risk Services Northeast Inc.





## **ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY		NAMED INSURED
Aon Risk Services Northeast, Inc.	Honeywell International Inc.	
POLICY NUMBER See Certificate Number: 570063617418		
CARRIER	NAIC CODE	
See Certificate Number: 570063617418		EFFECTIVE DATE:
ADDITIONAL DEMARKS		_

## ADDITIONAL REMARKS

THIS ADDITIONAL	REMARKS F	ORM IS A SCH	EDULE TO ACORD FORM,	
FORM NUMBER:	ACORD 25	FORM TITLE:	Certificate of Liability Insurance	

	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER		

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
С				RWE943540504 Excess WC - NM SIR applies per policy ter	04/01/2017 ms & conditi	04/01/2018 ons		
	Excess WC Limits							
	are Statutory in							
	AZ, OH, WA, & NM							