



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/23/2018

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).

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| PRODUCER Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA | CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 | |
| | E-MAIL ADDRESS: | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Honeywell International Inc. 115 Tabor Road Morris Plains NJ 07950 USA | INSURER A: XL Specialty Insurance Co 37885 | |
| | INSURER B: ACE American Insurance Company 22667 | |
| | INSURER C: Greenwich Insurance Company 22322 | |
| | INSURER D: XL Insurance America Inc 24554 | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER: 570070508352** **REVISION 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. **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|----------|---|-------------------------|-------------------------|--|-------------|
| C | <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 type="checkbox"/> LOC OTHER: | | | RGC943763005 | 04/01/2018 | 04/01/2019 | EACH OCCURRENCE | \$5,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$5,000,000 |
| | | | | | | | MED EXP (Any one person) | \$50,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$5,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$5,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | Included |
| C | <input checked="" type="checkbox"/> 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 | | | RAC943764205 AOS | 04/01/2018 | 04/01/2019 | COMBINED SINGLE LIMIT (Ea accident) | \$5,000,000 |
| | | | | | | | BODILY INJURY (Per person) | |
| | | | | | | | BODILY INJURY (Per accident) | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION | | | | | | EACH OCCURRENCE | |
| | | | | | | | AGGREGATE | |
| D | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | RWD943540305 | 04/01/2018 | 04/01/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER | |
| | | | | AOS | | | | |
| A | | | | RWC943540205 | 04/01/2018 | 04/01/2019 | E.L. DISEASE-EA EMPLOYEE | \$5,000,000 |
| | | | | AK, WI | | | E.L. DISEASE-POLICY LIMIT | \$5,000,000 |
| A | Excess WC | | | RWE943540405 | 04/01/2018 | 04/01/2019 | EL Each Accident | \$5,000,000 |
| | | | | AZ, OH, WA | | | EL Disease - Ea Emp | \$5,000,000 |
| | | | | SIR applies per policy terms & conditions | | | EL Annual Aggregate | \$5,000,000 |

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

-Evidence of Coverage.
 -Blanket Additional Insured where required by written contract endorsement is included on the applicable policies above, except Workers' Compensation.
 -Blanket Contractual 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.
 -Note: Elster, Elster Perfection Corp., Elster Holdings US, Inc., Elster Solutions, LLC; Elster AMCO Water, LLC; Elster

CERTIFICATE HOLDER**CANCELLATION**

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| 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 <i>Aon Risk Services Northeast, Inc.</i> |

Holder Identifier :

Certificate No : 570070508352





ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|-----------|---|--|
| AGENCY Aon Risk Services Northeast, Inc. | | NAMED INSURED Honeywell International Inc. | |
| POLICY NUMBER See Certificate Number: 570070508352 | | | |
| CARRIER See Certificate Number: 570070508352 | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

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

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|-------------------------------|--------|
| INSURER | |
| INSURER | |
| INSURER | |
| 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 | | | | | | | |
| A | | | | RWE943540505 Excess WC - NM SIR applies per policy terms & conditions | 04/01/2018 | 04/01/2019 | | |
| | Excess WC Limits | | | | | | | |
| | are Statutory in | | | | | | | |
| | AZ, OH, WA, & NM | | | | | | | |
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ADDITIONAL REMARKS SCHEDULE

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|---|-----------|---|--|
| AGENCY Aon Risk Services Northeast, Inc. | | NAMED INSURED Honeywell International Inc. | |
| POLICY NUMBER See Certificate Number: 570070508352 | | | |
| CARRIER See Certificate Number: 570070508352 | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

American Meter Company, LLC; Elster Instromet, Inc.; Eclipse, Inc.; EnergyICT, Inc.; Exothermics, Inc.; CEC Combustion Safety LLC, and Hauck Manufacturing Company, Inc. are wholly owned subsidiaries of Honeywell International Inc.