CERT BELC REPF	CERTIFICATE IS ISSUED AS A M TIFICATE DOES NOT AFFIRMATI DW. THIS CERTIFICATE OF INSU RESENTATIVE OR PRODUCER, AN	IATT VELY IRAN ID TH	TER ( ( OR ICE   IE CI	NEGATIVELY AMEND, EXTE DOES NOT CONSTITUTE A ERTIFICATE HOLDER.	CONFERS N ND OR ALTE CONTRACT B	o rights ( R the cov Etween t	UPON THE CERTIFICAT VERAGE AFFORDED B HE ISSUING INSURER(	Y THE POLICIES S), AUTHORIZED		
SUBF	RTANT: If the certificate holder is ROGATION IS WAIVED, subject to	the	term	s and conditions of the policy	, certain polic					
certif	icate does not confer rights to the	cert	tificat							
on Ri	sk Services Northeast, Inc. rk NY Office			CONT NAME PHON	: E No.Ext): (866) (	283-7122	FAX (A/C. No.): 800-30	53-0105		
ne Li	berty Plaza			E-MA			(A/O. NO.).			
os Br ew Yo	oadwáy, Suite 3201 rk NY 10006 USA							NAIC #		
SURED					INSURER(S) AFFORDING COVERAGE INSURER A: XL Insurance America Inc					
neyw	ell International Inc.			INSUF			isurance Co	24554 37885		
0 Ś. h Fl	Tryon St. Suite 500 oor					,	rance Company	22322		
	tte NC 28202 USA				ER D:		-			
				INSUF	ER E:					
				INSUF	ER F:					
-	RAGES CERT IS TO CERTIFY THAT THE POLICIES			NUMBER: 570086346469			EVISION NUMBER:			
	ATED. NOTWITHSTANDING ANY REC IFICATE MAY BE ISSUED OR MAY P USIONS AND CONDITIONS OF SUCH	POL	ain, t Icies	HE INSURANCE AFFORDED BY LIMITS SHOWN MAY HAVE BEE	THE POLICIE	S DESCRIBE Y PAID CLAIN	D HEREIN IS SUBJECT T AS. Limits sh	O ALL THE TERMS, own are as requested		
R R X	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	SUBR WVD	POLICY NUMBER RGC943763008	POLICY EFF (MM/DD/YYYY) 04/01/2021	(MM/DD/YYYY) 04/01/2022	LIMIT EACH OCCURRENCE	s \$5,000,000		
_	CLAIMS-MADE X OCCUR				,,	,,	DAMAGE TO RENTED	\$5,000,000		
-							PREMISES (Ea occurrence) MED EXP (Any one person)	\$50,000		
							PERSONAL & ADV INJURY	\$5,000,000		
GE	N'LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000		
Х	POLICY PRO- JECT LOC OTHER:						PRODUCTS - COMP/OP AGG	Included		
AU	TOMOBILE LIABILITY			RAC943764208 AOS	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
х	ANY AUTO			105			BODILY INJURY (Per person)			
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)			
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)			
	UMBRELLA LIAB X OCCUR			RA0943764508	04/01/2021	04/01/2022	EACH OCCURRENCE	\$4,000,000		
Х	EXCESS LIAB CLAIMS-MADE			Excess Auto			AGGREGATE			
	DED RETENTION									
	ORKERS COMPENSATION AND MPLOYERS' LIABILITY Y / N			RWD943540308 AOS	04/01/2021	04/01/2022	X PER STATUTE OTH- ER			
	NY PROPRIETOR / PARTNER / EXECUTIVE	N/A		RWC943540208	04/01/2021	04/01/2022	E.L. EACH ACCIDENT	\$5,000,000		
(N	landatory in NH)			AK, WI			E.L. DISEASE-EA EMPLOYEE	\$5,000,000		
	yes, describe under ESCRIPTION OF OPERATIONS below XCESS WC			RWE943540408	04/01/2021	04/01/2022	E.L. DISEASE-POLICY LIMIT EL Each Accident	\$5,000,000 \$5,000,000		
E				AZ, OH, WA			EL Disease - Ea Emp	\$5,000,000		
				SIR applies per policy to			EL Annual Aggregate	\$5,000,000		
iden abil licy	TION OF OPERATIONS / LOCATIONS / VEHICL ce of Coverage. Blanket Addit ity and Auto policies. Blanke coverage forms. A Waiver of Honeywell will provide the G t.	iona t Co Subr	al In ontra rogat	sured where required by w ctual Liability is includ ion where required by wri	ritten contr ed on the Ge tten contrac	act endors neral Liab t is inclu	ement is included on ility and Auto polic ded on applicable po	ies per the licies shown		
				CANCEL	LATION					
ERTII	FICATE HOLDER									
ERTII				EXPIRAT			IBED POLICIES BE CANCELI ILL BE DELIVERED IN ACCOF	ED BEFORE THE RDANCE WITH THE		
RTII	Honeywell International Inc. 300 S Tryon Street			EXPIRAT POLICY	ION DATE THERE	OF, NOTICE W		ED BEFORE THE DANCE WITH THE		

Honeywell International Inc. 300 S Tryon Street Suite 500 6th Floor Charlotte NC 28202 USA

Aon Risk Services Northeast, Inc.

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AGENCY CUSTOMER ID: 570000054391											
AC	CORD <sup>®</sup> AD	)DI	ΓΙΟ	NAL RE	MARK				Page _ of _		
AGENO AON	Risk Services Northeast,	, Inc.				NAMED INSURED Honeywell International Inc.					
	YNUMBER Certificate Number: 5700	08634	6469			7					
CARRI See	<sub>ER</sub> Certificate Number: 5700	086346	5469	NAIC C		EFFECTIVE DATE:					
-	DITIONAL REMARKS ADDITIONAL REMARKS FORI		SCHE								
	M NUMBER: ACORD 25 FO					e					
	INSURER(S) AFFC	ORDII	NG C	OVERAGE		NAIC #					
INSU	IRER										
INSU	IRER										
INSU	RER										
INSU	RER										
AD				w does not includ for policy limits.		nation, refer to	the correspondi	ing policy on the	ACORD		
		Incate		for policy mints.		POLICY	POLICY				
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NU	MBER	EFFECTIVE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIM	IITS		
	OTHER										
В				RWE943540508 Excess WC - NM SIR applies pe			04/01/2022				
	Excess WC Limits										
	are Statutory in										
	AZ, OH, WA, & NM										
		1									