

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 10/29/2021

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).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office								PHONE	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 (A/C. No.): (800) 363-0105 (A/C. No.):					
One Liberty Plaza 165 Broadway, Suite 3201								E-MAIL ADDRE	E-MAIL ADDRESS:					
New	Yor	rk NY 10006 L	JSA	OI.					INSURER(S) AFFORDING COVERAGE				NAIC#	
INSU	RED							INSURE	INSURER A: XL Insurance America Inc				24554	
Resideo Technologies, Inc.									INSURER B: ACE Property & Casualty Insurance Co.				20699	
		N 71st Street dale AZ 85254						INSURE	INSURER C:					
								INSURE	INSURER D:					
								INSURE	INSURER E:					
								INSURE	R F:					
CO	/ER	AGES		CER	TIFIC	ATE	NUMBER: 5700900	79931		R	EVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH I CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requ								WHICH THIS THE TERMS,						
INSR LTR		TYPE OF			INSD	SUBR WVD	POLICY NUMB	ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		rs		
		CLAIMS-MAD	_	OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY			
	GEN	N'L AGGREGATE LIN									GENERAL AGGREGATE			
		POLICY JE		LOC							PRODUCTS - COMP/OP AGG			
		OTHER:												
	AUT	TOMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident)			
		ANYAUTO									BODILY INJURY (Per person)			
		OWNED		SCHEDULED							BODILY INJURY (Per accident)			
		AUTOS ONLY HIRED AUTOS ONLY		AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)			
Α			4				US00087058LI21A		10/29/2021	10/29/2022	EACH OCCURRENCE		\$3,000,000	
	Х	UMBRELLA LIAB	Ľ	X OCCUR			03000070302121A		10/25/2021	10, 23, 2022			\$3,000,000	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE		\$3,000,000	
		DED X RETENTI												
	EM	ORKERS COMPENS IPLOYERS' LIABILIT	ΤY	Y / N	ı						PER STATUTE OTH- ER			
	ANY PROPRIETOR / PARTNER / EXECUTIVE			N/A						E.L. EACH ACCIDENT				
				1						E.L. DISEASE-EA EMPLOYEE				
	ĎĚ	SCRIPTION OF OPE	ERATI	ONS below	-	<u> </u>				1	E.L. DISEASE-POLICY LIMIT			
DESC	RIPT	TION OF OPERATION	NS / L	OCATIONS / VEHIC	LES (A	CORD 1	 101, Additional Remarks Sch	nedule, may be	attached if more	space is require	ed)			
Ader NOTI show -EV -Bla add	nco E: A vn h ider anke	III Ltd. is Ademco III Lt Nerein. Nce of Covera Et Additional Onal insured	inc td. age. l In is	luded as a N is a wholly sured Endors automaticall	amed owned ement y gra	Insu d sub t- an anted	red as identified sidiary of Resider y party with which such status, exc	in the io Technolonh the namept Worke	nsurance po ogies, Inc. ed insured rs' Compens	licy refer and, as s is contrac	enced on this certif enced on this certif uch, is included in tually required to i workers' Compensatio	the co	-	
CERTIFICATE HOLDER CANCE						CANCELL	ATION							
								EXPIRATION			RIBED POLICIES BE CANCEL VILL BE DELIVERED IN ACCO			

Aon Rish Services Northeast Inc.

Ademco III Ltd. 3333 Unity Drive Mississauga ON L5L 3S6 CAN AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: 570000076520

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY		NAMED INSURED					
Aon Risk Services Northeast, Inc.		Resideo Technologies, Inc.					
POLICY NUMBER							
See Certificate Number: 570090079931							
CARRIER	NAIC CODE						
See Certificate Number: 570090079931		EFFECTIVE DATE:					

CARRIER	NAIC CODE							
See Certificate Number: 570090079931		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 / Vehicles:								
-A Waiver of Subrogation where required by written contract is included on the applicable policies shown								
above. -Resideo will provide the ISO endorsement form numbers where required by written contract upon request.								