

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 11/01/2021

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.

RODUCE	ER .			CONTACT					
	isk Services	Northeast,	Inc.	NAME: PHONE	(866) 283-7122	FAX (800)	363_0105		
	ork NY Office	e		(A/C. No. Ext):					
65 Br	iberty Plaza roadway, Suit	te 3201		ADDRESS:					
ew Yo	ork NY 10006	USA		PRODUCER CUSTOMER ID	#: 570000076520		•		
					INSURER(S) A	FFORDING COVERAGE	NAIC		
SURED				INSURER A:	INSURER A: Factory Mutual Insurance Co.				
eside	eo Technologi	ies, Inc.		INSURER B:	INSURER B:				
5100	N 71st Stree	et, Suite 5	50	INSURER C:					
	dale AZ 8525				INSURER D:				
				INSURER E:					
001/	ED40E0		CERTIFICATE NUMBER:	INSURER F:		EVIOLON NUMBER			
	ERAGES N OF PREMISES/ DES	SCRIPTION OF PRO	PERTY (Attach ACORD 101, Additional Remarks Sched			EVISION NUMBER:			
THIS INDIC	CATED. NOTWI	Y THAT THE F THSTANDING BE ISSUED O	OLICIES OF INSURANCE LISTED BELC ANY REQUIREMENT, TERM OR COND R MAY PERTAIN, THE INSURANCE AF OF SUCH POLICIES. LIMITS SHOWN MA	ITION OF ANY CONT	RACT OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT	ECT TO WHICH THIS		
SR FR		NSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
X X	PROPERTY		1088814	10/29/2021	10/29/2022	BUILDING			
C	AUSES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY			
F	BASIC	BUILDING	1			BUSINESS INCOME			
\vdash	BROAD					EXTRA EXPENSE			
\vdash	_	CONTENTS				RENTAL VALUE			
\perp	SPECIAL		1			BLANKET BUILDING			
L	EARTHQUAKE					BLANKET PERS PROP			
L	WIND					BLANKET BLDG & PP	<u> </u>		
L	FLOOD								
Χ	ALL RISK-Subje	ct to Exclusions				X Loss Limit	\$50,000,		
T	INLAND MARII	NE	TYPE OF POLICY						
C	CAUSES OF LOSS		POLICY NUMBER	_					
	NAMED PERIL	.S	POLICY NUMBER			\vdash			
-	-								
\bot									
L	CRIME								
1	TYPE OF POLICY								
+	BOILER & MA	CHINEDA							
\vdash		BREAKDOWN				\vdash			
+							1		
CIAL	CONDITIONS / OTH	IER COVERAGES	(ACORD 101, Additional Remarks Schedule, may	be attached if more space is	required)	1	<u> </u>		
is α ΓΕ:	certificate of Ademco Inc.	does not am is a wholl	end, extend, or alter the covera y owned subsidiary of Resideo To ditional information.**	age afforded by th	ne policy.	s included in the co	overage shown		
	TIFICATE HOI	-		CANCELLATI	ON				
<u>111</u>	Ademco Ir			SHOULD ANY O	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY				
16100 N. 71st Street, Suite 550 Scottsdale AZ 85254 USA				AUTHORIZED REPRE	Authorized representative Aon Risk Services Northeast, Inc.				

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AGENCY CUSTOMER ID: 570000076520

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page $_$ of $_$

Aon Risk Services Northeast, Inc.	Resideo Technologies, Inc.								
POLICY NUMBER	Restued reclinorogres, Inc.								
See Certificate Number: 570090126915	NAIC CODE								
CARRIER See Certificate Number: 570090126915	EFFECTIVE DATE:								
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance									
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY									
ORTOLAL COMPITIONS (OTHER COVERAGES									
SPECIAL CONDITIONS/OTHER COVERAGES -"All Risk" of direct physical loss or damage to	real and personal property insured including Flood								
Earthquake and Boiler & Machinery subject to pol-	icy terms and conditions.								
-Valuation: Replacement Cost it actually replaced -Blanket Loss Pavee Endorsement- any party with w	d; if not, Actual Cash Value. Which the named insured is contractually required to include								
as a Loss Payee is automatically granted such sta	real and personal property insured including Flood, icy terms and conditions. d; if not, Actual Cash Value. which the named insured is contractually required to include atus. umbers where required by written contract upon request.								
-kesideo will provide the 150 endorsement form no	umbers where required by written contract upon request.								