



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/09/2023

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.

| PRODUCER Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA | CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 570000076520 | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|-----------------------------------------|-------|------------|--|------------|--|------------|--|------------|--|------------|--|
| INSURED Resideo Technologies, Inc. 16100 N 71st Street, Suite 550 Scottsdale AZ 85254 USA | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Factory Mutual Insurance Co.</td><td>21482</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Factory Mutual Insurance Co. | 21482 | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: Factory Mutual Insurance Co. | 21482 | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

Holder Identifier :

COVERAGES CERTIFICATE NUMBER: 570102652779 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Coverage.

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.

| INSR LTR | TYPE OF INSURANCE | | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS |
|----------|-------------------------------------|------------------------------------------|----------------|------------------------------------|-------------------------------------|------------------------------------------------|--------------|
| A | <input checked="" type="checkbox"/> | PROPERTY | 1122626 | 10/29/2023 | 10/29/2024 | BUILDING | |
| | | CAUSES OF LOSS | | | | PERSONAL PROPERTY | |
| | | | | | | BUSINESS INCOME | |
| | | BASIC | | | | EXTRA EXPENSE | |
| | | BROAD | | | | RENTAL VALUE | |
| | | | | | | BLANKET BUILDING | |
| | | SPECIAL | | | | BLANKET PERS PROP | |
| | | EARTHQUAKE | | | | BLANKET BLDG & PP | |
| | | WIND | | | | | |
| | | FLOOD | | | | | |
| | <input checked="" type="checkbox"/> | ALL RISK-Subject to Exclusions | | | | <input checked="" type="checkbox"/> Loss Limit | \$50,000,000 |
| | | | | | | | |
| | | | | | | | |
| | <input type="checkbox"/> | INLAND MARINE | TYPE OF POLICY | | | | |
| | | CAUSES OF LOSS | POLICY NUMBER | | | | |
| | | NAMED PERILS | | | | | |
| | | | | | | | |
| | <input type="checkbox"/> | CRIME | | | | | |
| | | TYPE OF POLICY | | | | | |
| | | | | | | | |
| | <input type="checkbox"/> | BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | |
| | | | | | | | |
| | | | | | | | |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This certificate does not amend, extend, or alter the coverage afforded by the policy. NOTE: Ademco Inc. is a wholly owned subsidiary of Resideo Technologies, Inc. and, as such, is included in the coverage shown herein. **see page 2 for additional information.** "All Risk" of direct physical loss or damage to real and personal property insured including Flood, Earthquake

CERTIFICATE HOLDER

CANCELLATION

Ademco Inc.
16100 N. 71st Street, Suite 550
Scottsdale AZ 85254 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

Aon Risk Services Northeast, Inc.

570102652779

CERTIFICATE NUMBER:





AGENCY CUSTOMER ID: 570000076520

LOC #:

ADDITIONAL REMARKS SCHEDULE

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| | | |
|-------------------------------------------------------|-----------|---------------------------------------------|
| AGENCY Aon Risk Services Northeast, Inc. | | NAMED INSURED Resideo Technologies, Inc. |
| POLICY NUMBER See Certificate Number: 570102652779 | | |
| CARRIER See Certificate Number: 570102652779 | NAIC CODE | 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

SPECIAL CONDITIONS / OTHER COVERAGES

and Boiler & Machinery subject to policy terms and conditions. Valuation: Replacement Cost if actually replaced; if not, Actual Cash Value. Blanket Loss Payee Endorsement- any party with which the named insured is contractually required to include as a Loss Payee is automatically granted such status. Resideo will provide the ISO endorsement form numbers where required by written contract upon request.