



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/06/2020

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 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:		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Resideo Technologies, Inc. 901 E 6TH St Austin TX 78702 USA	INSURER A: National Fire & Marine Ins Co		20079
	INSURER B: Starr Indemnity & Liability Company		38318
	INSURER C: Zurich American Ins Co		16535
	INSURER D: XL Insurance America Inc		24554
	INSURER E: Allianz Global Risks US Insurance Co.		35300
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 570084871454 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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			42GL031269601 SIR applies per policy terms & conditions	10/29/2020	10/29/2021	EACH OCCURRENCE	\$3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$3,000,000
	OTHER:						GENERAL AGGREGATE	\$6,000,000
							PRODUCTS - COMP/OP AGG	\$6,000,000
B	AUTOMOBILE LIABILITY			1000198166201 AOS	10/29/2020	10/29/2021	COMBINED SINGLE LIMIT (Ea accident)	\$3,000,000
	<input checked="" type="checkbox"/> ANY AUTO			1000198167201 MA	10/29/2020	10/29/2021	BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
D	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		US00087058LI20A	10/29/2020	10/29/2021	EACH OCCURRENCE	\$4,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$4,000,000
	DED	<input checked="" type="checkbox"/> RETENTION \$10,000						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1000003408 AOS	10/29/2020	10/29/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	1000003407 CT, IA, NC, NJ, NY, TX, VT	10/29/2020	10/29/2021	E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
C	E&O-Technology			EOC183733302 Claims-Made SIR applies per policy terms & conditions	10/29/2020	10/29/2021	Each Claim Limit	\$5,000,000
							Aggregate Limit	\$5,000,000

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

NOTE: Ademco Inc. is a wholly owned subsidiary of Resideo Technologies, Inc. and, as such, is included in the coverage shown herein.
-Evidence of Coverage.
-Blanket Additional Insured Endorsement- any party with which the named insured is contractually required to include as an additional insured is automatically granted such status, 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.

CERTIFICATE HOLDER

Ademco Inc.
89 Headquarters Plaza
North Tower, 3rd Floor
Morristown NJ 07960 USA

CANCELLATION

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.

Holder Identifier : Ademco EOC

Certificate No : 570084871454





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Resideo Technologies, Inc.	
POLICY NUMBER See Certificate Number: 570084871454			
CARRIER See Certificate Number: 570084871454	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	
	WORKERS COMPENSATION							
B		N/A		1000003406 AK, FL, MA, WI	10/29/2020	10/29/2021		



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Resideo Technologies, Inc.	
POLICY NUMBER See Certificate Number: 570084871454			
CARRIER See Certificate Number: 570084871454	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:

-Resideo will provide the ISO endorsement form numbers where required by written contract upon request.