



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
03/26/2025

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).

|  |  |               |       |
|--|--|---------------|-------|
| <b>PRODUCER</b><br>Aon Risk Services Northeast, Inc.<br>New York NY Office<br>One Liberty Plaza<br>165 Broadway, Suite 3201<br>New York NY 10006 USA | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): 800-363-0105 |               |       |
|  | <b>E-MAIL ADDRESS:</b>   |               |       |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>NAIC #</b> |       |
| <b>INSURED</b><br>Honeywell International Inc.<br>855 S. Mint<br>Charlotte NC 28202 USA  | INSURER A: XL Specialty Insurance Co   |               | 37885 |
|  | INSURER B: Greenwich Insurance Company   |               | 22322 |
|  | INSURER C: XL Insurance America Inc  |               | 24554 |
|  | INSURER D:   |               |       |
|  | INSURER E:   |               |       |
|  | INSURER F:   |               |       |

Holder Identifier :

COVERAGES      CERTIFICATE NUMBER: 570111674109      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   |             |
|----------|---|-----------|----------|---|-------------------------|-------------------------|--|-------------|
| B        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | RGC943763012  | 04/01/2025              | 04/01/2026              | EACH OCCURRENCE  | \$5,000,000 |
|          |   |           |          |   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                      | \$5,000,000 |
|          |   |           |          |   |                         |                         | MED EXP (Any one person)   | \$50,000    |
|          |   |           |          |   |                         |                         | PERSONAL & ADV INJURY  | \$5,000,000 |
|          |   |           |          |   |                         |                         | GENERAL AGGREGATE  | \$5,000,000 |
|          |   |           |          |   |                         |                         | PRODUCTS - COMP/OP AGG   | Included    |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                       |           |          | RAC943764212<br>AOS   | 04/01/2025              | 04/01/2026              | COMBINED SINGLE LIMIT (Ea accident)  | \$1,000,000 |
|          |   |           |          |   |                         |                         | BODILY INJURY (Per person)   |             |
|          |   |           |          |   |                         |                         | BODILY INJURY (Per accident)   |             |
|          |   |           |          |   |                         |                         | PROPERTY DAMAGE (Per accident)   |             |
| B        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION   |           |          | RAO943764512<br>Excess Auto   | 04/01/2025              | 04/01/2026              | EACH OCCURRENCE  | \$4,000,000 |
|          |   |           |          |   |                         |                         | AGGREGATE  |             |
| C        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          | RWD943540312<br>AOS<br>RWC943540212<br>AK, WI                                   | 04/01/2025              | 04/01/2026              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |             |
| A        |   |           |          |   | 04/01/2025              | 04/01/2026              | E.L. EACH ACCIDENT   | \$5,000,000 |
|          |   |           |          |   |                         |                         | E.L. DISEASE-EA EMPLOYEE   | \$5,000,000 |
|          |   |           |          |   |                         |                         | E.L. DISEASE-POLICY LIMIT  | \$5,000,000 |
| A        | Excess Workers Compensation   |           |          | RWE943540412<br>XS WC (AZ, OH, WA)<br>SIR applies per policy terms & conditions | 04/01/2025              | 04/01/2026              | EL Each Accident   | \$5,000,000 |
|          |   |           |          |   |                         |                         | EL Disease - Ea Emp  | \$5,000,000 |
|          |   |           |          |   |                         |                         | EL Annual Aggregate  | \$5,000,000 |

Certificate No : 570111674109

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

Evidence of Coverage. RE: Job No: E6720261330337000048662483, worksite: Duke Energy, 411 Fayerreville St, Raleigh, NC 27601. Blanket Additional Insured where required by written contract endorsement is included on the General Liability and Automobile Liability policies. Blanket Contractual Liability is included on the General Liability and Automobile policies per the policy Coverage forms. A waiver of subrogation where required by written contract is included on applicable policies shown above. Honeywell will provide the General Liability ISO endorsement form numbers where required by written contract upon request.

## CERTIFICATE HOLDER

Honeywell International Inc.  
855 S. Mint  
Charlotte NC 28202 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.*



# ADDITIONAL REMARKS SCHEDULE

|   |           |   |  |
|---|-----------|---|--|
| AGENCY<br>Aon Risk Services Northeast, Inc.           |           | NAMED INSURED<br>Honeywell International Inc. |  |
| POLICY NUMBER<br>See Certificate Number: 570111674109 |           |   |  |
| CARRIER<br>See Certificate Number: 570111674109       | 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    |             |
|----------|-------------------------------------|-----------|----------|---|------------------------------------|-------------------------------------|-----------|-------------|
|          | OTHER                               |           |          |   |                                    |                                     |           |             |
| A        |                                     |           |          | RWE943540512<br>XS WC (NM)<br>SIR applies per policy terms & conditions | 04/01/2025                         | 04/01/2026                          |           |             |
| A        | Architects & Engineers Professional |           |          | RG09435408<br>Claims Made   | 04/01/2013                         | 04/01/2026                          | Aggregate | \$5,000,000 |
|          |                                     |           |          |   |                                    |                                     |           |             |
|          |                                     |           |          |   |                                    |                                     |           |             |
|          |                                     |           |          |   |                                    |                                     |           |             |
|          |                                     |           |          |   |                                    |                                     |           |             |
|          |                                     |           |          |   |                                    |                                     |           |             |
|          |                                     |           |          |   |                                    |                                     |           |             |
|          |                                     |           |          |   |                                    |                                     |           |             |
|          |                                     |           |          |   |                                    |                                     |           |             |
|          |                                     |           |          |   |                                    |                                     |           |             |
|          |                                     |           |          |   |                                    |                                     |           |             |
|          |                                     |           |          |   |                                    |                                     |           |             |