



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/27/2019

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 MARSH USA, INC. 20 CHURCH STREET, 8TH FLOOR HARTFORD, CT 06103 101479273-CCS-GAW-19-20	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: Carrier.certrequest@Marsh.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED CARRIER GLOBAL CORPORATION 13995 PASTEUR BLVD PALM BEACH GARDENS, FL 33458	INSURER A : Hartford Fire Insurance Company	NAIC # 19682
	INSURER B : Hartford Underwriters Insurance Company	NAIC # 30104
	INSURER C : AIU Insurance Co	NAIC # 19399
	INSURER D : American Home Assurance Company	NAIC # 19380
	INSURER E : New Hampshire Ins. Co.	NAIC # 23841
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** NYC-010488499-02 **REVISION NUMBER:** 0

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			02CSES69604 '\$2,000,000 General Aggregate' 'Per Project / Location' '\$15,000,000 General Aggregate' 'Per Policy'	12/01/2019	12/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			02CSES69600 (AOS)	12/01/2019	12/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B				02CSES69603 (HI)	12/01/2019	12/01/2020	EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			020608649 (NY)	12/01/2019	12/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
D				020608646 (CA)	12/01/2019	12/01/2020	E. L. EACH ACCIDENT \$ 1,000,000
E		Y / N N	N / A	020608647 (FL)	12/01/2019	12/01/2020	E. L. DISEASE - EA EMPLOYEE \$ 1,000,000 E. L. DISEASE - POLICY LIMIT \$ 1,000,000
				SEE ACORD 101.			

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

The Lodge at Suncadia 975A81244

CERTIFICATE HOLDER

CANCELLATION

Lodge Master Condominium Association Po Box 944 Roslyn, WA 981941	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED CARRIER GLOBAL CORPORATION 13995 PASTEUR BLVD PALM BEACH GARDENS, FL 33458	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

CONTINUED FROM WORKERS' COMPENSATION:

CONTINUED FROM WORKERS' COMPENSATION:

INSURER: NEW HAMPSHIRE INS COMPANY
 POLICY NUMBER: 020608644
 EFFECTIVE DATE: 12/01/2019
 EXPIRATION DATE: 12/01/2020
 ADDITIONAL STATES COVERED: (AL) AR, CO, CT, DC, DE, GA, HI, IA, ID, IN, KS, LA, MD, ME, MI, MN, MO, MS, MT, NE, NM, NV, NY, OK, OR, RI, SC, SD, TN, TX, WV

INSURER: NEW HAMPSHIRE INS COMPANY
 POLICY NUMBER: 020608645
 EFFECTIVE DATE: 12/01/2019
 EXPIRATION DATE: 12/01/2020
 ADDITIONAL STATES COVERED: Alaska (AK) AZ, IL, KY, NC, NH, NJ, PA, UT, VA, VT

INSURER: NEW HAMPSHIRE INS COMPANY
 POLICY NUMBER: 020608648
 EFFECTIVE DATE: 12/01/2019
 EXPIRATION DATE: 12/01/2020
 ADDITIONAL STATE: Massachusetts (MA) ND, OH, WA, WI, WY (monopolistic states)



US Operations & Technology:

Centralized Services

Marsh USA Inc.
11001 Lakeline Blvd., Bldg. 1 – Suite 200
Austin, TX 78717
Carrier.Certrequest@marsh.com
www.marsh.com

November 12, 2019

Subject: Carrier Global Corporation
Issued certificate of insurance for policy term 12/1/2019 – 12/1/2020

Dear Carrier Certificate holder:

As part of the legal reformation of United Technologies Corporation (“UTC”), Carrier Global Corporation will have a separate and distinct insurance program as of 12/1/2019.

Marsh, as insurance broker for Carrier, confirms that there is no lapse or gap in coverage referenced in the Marsh certificate of insurance issued under the current 12/1/2019 – 12/1/2020 policy term compared to the certificate of insurance issued under the 4/1/2019 – 4/1/2020 policy term.

Please recognize the new certificate issued under the 12/1/2019 policy term as evidence of coverage to support insurance requirements agreed to under written contract with Carrier Global Corporation and its subsidiaries.

If you believe you have received this letter and certificate in error, we kindly request that you mark the box below and send the letter and accompanying certificate(s) back to our attention:

This letter has been delivered in error OR I no longer require evidence of insurance from the policy holder.

Postal mail: ATTN: Adam Edwards, 11001 Lakeline Blvd., Bldg. 1 – Suite 200, Austin, TX 78717

Email: Carrier.Certrequest@marsh.com

Fax: (512) 342 – 4402

Sincerely,

Marsh USA