



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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	CONTACT NAME:		FAX (A/C. No.)
	PHONE (A/C. No. Ext.)	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 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.

INSR LTR	TYPE OF INSURANCE	INCL. POLY INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						SACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						UPGRADE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
		POLICY	PER. SECT	LOC			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS						\$
	NON-OWNED AUTOS						\$
	UMBRELLA LIAB						SACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
							\$
							\$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY						WC STATA POLY LIMITS
	ANY PROGRAMS FOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HI)		Y/N				ORAL DL
	If yes, describe below		N/A				E.L. EACH ACCIDENT \$
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - SA EMPLOYER \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER	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

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Certificates of Insurance

Required Elements

1. As a rule of thumb, the date the certificate of insurance was issued should not be more than 15 days from the date of its request. Furthermore, certificates of insurance should not be accepted if issued over 30 days ago.
2. The name of the "Insured" should be the name of the entity with whom we are contracting, unless otherwise noted in the Description of Operations section explaining the relationship (i.e. ownership) between the insured and our contractor.
3. Contract may require an insurer to be admitted in the State of Hawaii or with through a surplus lines agent licensed in Hawaii with a minimum AM Best rating of A-VII. Unless you have an updated AM Best guide, please check with Risk Management for a review and approval.



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	PHONE (A/C. No. Ext.):	E-MAIL ADDRESS:	
PRODUCER CUSTOMER ID #		INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A:		NAIC #
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	MODEL NO. (INSR)	FORM (WVD)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						SACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						UPGRADE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
		<input type="checkbox"/> POLICY	<input type="checkbox"/> PER-SUBJECT	<input type="checkbox"/> LOC			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO <input type="checkbox"/>						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	HIRE AUTOS						
	NON-OWNED AUTOS						
	UMBRELLA LIAB						SACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY						WC STATUTE POLICY LIMITS
	ANY PROGRAMS FOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI)		<input type="checkbox"/> Y/M <input type="checkbox"/> N/A				ORL DB
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - SA EMPLOYER \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER	CANCELLATION
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	AUTHORIZED REPRESENTATIVE

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Certificates of Insurance

Required Elements

8. The Limits of Liability for "Each Occurrence" should be at least as much as required by the contract and should indicate all of the required coverages (IE "Products-Completed Operations"). In the case of a "Claims Made" policy, a "General Aggregate" limit higher than the Per Occurrence limit may be required.

9. Usually "Any Auto" coverage is required. In some instances "Scheduled Autos" may be acceptable. If "Any Auto" is not marked, "Hired Autos" and "Non-Owned Autos" should be indicated. If there are no corporate-owned autos, then the "Hired & Non-Owned Auto" may be endorsed to the Commercial General Liability to satisfy this requirement.



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PRODUCER	CONTACT NAME:		FAX (A/C. No.):
	PHONE (A/C. No. Ext.):	E-MAIL ADDRESS:	
PRODUCER CUSTOMER ID #		INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A:		NAIC #
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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INSTR. LTR.	TYPE OF INSURANCE	MODEL NO. (INSR. WVD)	POLICY NO.	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
<input type="checkbox"/>	GENERAL LIABILITY					SACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					UPGRADE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GENERAL AGGREGATE \$					PRODUCTS - COMP/OP AGG \$
GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
<input type="checkbox"/>	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
<input type="checkbox"/>	UMBRELLA LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				SACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DEDUCTIBLE \$					RETENTION \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	<input type="checkbox"/> Y/M <input type="checkbox"/> N/A				WC STATE POLY LIMITS OTH. ST.
	ANY PROGRAMS/EMPLOYERS/EXECUTIVE OFFICERS/MEMBER EXCLUDED? (Mandatory in HI)					E.L. EACH ACCIDENT \$
	If yes, describe below					E.L. DISEASE - EA EMPLOYER \$
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS /LOCATIONS /VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						

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Certificates of Insurance

Required Elements

- You may notice the limits of liability shown for General Liability and/or Automobile Liability may be less than those required by the contract. If necessary, they may be supplemented with Umbrella Liability, provided the combined limit satisfy the minimum requirement and the State is listed as "Additional Insured" on the Umbrella Policy or the Umbrella policy is noted as "Follow Form" on the certificate.
- "Workers Compensation" is generally required to comply with Hawaii Workers' Compensation Law, HRS 386. "Employers Liability" carries basic limits of \$100,000 each accident, \$500,000 Disease-Policy Limit, \$100,000 Disease-Each Employee; but we may require higher limits of \$1,000,000. Sole Proprietorships may elect not to purchase this coverage.



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	PHONE (A/C, No. Ext.):	FAX (A/C, No.):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
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INSR LTR	TYPE OF INSURANCE	INCL. SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						SACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						UPGRADE TO RETIRED PREMISES (C) Commercial \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Active one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-SECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						SACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE \$						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY						WC STATA POLY LIMITS OTHL SE
	ANY PROGRAMS/EMPARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in HI)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS show						E.L. DISEASE - SA EMPLOYER \$
							E.L. DISEASE - POLICY LIMIT \$

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Certificates of Insurance

Required Elements

12. Occasionally, other coverages such as Professional Liability, Builder's Risk, Watercraft Liability, Pollution Liability, Fidelity Bonds....etc., may be required, and should be indicated in the "Other" section.

13. When required by the contract, the State of Hawaii, its elected and appointed officials, officers, employees and volunteers should be shown as "Additional Insured" in the Description of Operations section. This section may also be used to reference the specific project name/number, or other specific contract insurance requirements such as a "Loss Payee" clause or "Waiver of Subrogation" endorsement....etc.



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PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER'S CUSTOMER ID #	
	INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
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	GENERAL LIABILITY							SACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY							UPGRADE TO RENTED PREMISES (Per occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR							MED EXP (Any one person) \$
								PERSONAL & ADV INJURY \$
								GENERAL AGGREGATE \$
								PRODUCTS - COMP/OP AGG \$
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							
								\$
								\$
								\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS							BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS							PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
								\$
	UMBRELLA LIAB							SACH OCCURRENCE \$
	EXCESS LIAB							AGGREGATE \$
								\$
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY							WC STATL POLY LIMITS ORL DL
	ANY PROGRAMS FOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI)							E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - SA EMPLOYER \$
								E.L. DISEASE - POLICY LIMIT \$

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

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Certificates of Insurance

Required Elements

14. The "Certificate Holder" should be the name and address of the contracting Department/Division who is responsible for monitoring the contract including, preferably, the name of the individual. "Certificate Holder" is not the same as "Additional Insured."

15. The Certificate should be signed by the insurance agent or an insurance company representative.