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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(les) 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 noider in lieu of such endorsement(s).		À			
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	PHONE FAX. (AC. No.)				
	E-MAIL ADORESS:				
	CUSTOMER ID #				
	INSURER(S) AFFORDING COVERAGE	MARCI			
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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

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CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED SEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED RUPRESONTATIVE
Ī	© 1988-2009 ACORD CORPORATION. All rights reserved

Certificates of Insurance

- 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.
- 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.
- 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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DATE (MINICONYTY)

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PRODUCER	CONTACT	
	PHONE [AC. No. Ent] ACOPTERS:	(AC, Not
	E-MAIL ADORESS:	*****
	CUSTOMER ID #	
	INSURER(S) API	FORGING COVERAGE NAIC #
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	INSURER D.	
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	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 INDUED OR MAY PERTAIN, THE INGURANCE AFFORDED BY THE POLICIES DESCRISED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE SEEN REDUCED BY PAID CLAIMS.

LTR	TYPE OF INSURANCE	INSIX	WYD	POLICY NUMBER	(MMSDD(YYYY)	(YYYYTGOMIN)	LINE	5	
	GENERAL LIABILITY COMMERCIAL DENERAL DABLITY		_			×	EACH GCOURRENCE DAMAGE TO RENTED PREMISES (Ex occuments)	\$	
	CLAIMS-NADE CEUR				_	1	MED EXP (Any one person)	3	
							NERSONAL & ADV BUILBY	5	
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	AUTOMOBILE LIABILITY						СОМВНЕД ВМОЖЕЛИТ (Въесения)	1	_
	ANY AUTO						BOOLY INJURY (Parperson)	3	
	ALL OWNED AUTOS						BODLY BLURY (Per adepart)	1	
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per scotters)		
	NON-OWNED AUTOS							1	
								\$	-
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	5	
	EXCESS LIAS CLAIMS MADE					l .	AGGREGATE	* /	
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	RETENTION 5							\$	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						TORY LIMITS OF H		
	ANY PROPRIETOR PARTNER EXECUTIVE OF FICER MEMBER EXCLUDED?	N/A					EL EACH ACCIDENT	*	
	(Mandatory in KH)						EL DISEASE - EA EMPLOYER	\$	1
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DEBC	REPTION OF OPERATIONS / LOCATIONS / VEHIC	ens la	much AC	ORD 101, Additional Bemarks School	de, Il more epison i	e 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

- The "Commercial General Liability" form generally should be an "Occurrence" basis. The "Claims Made" form may be acceptable in certain situations, such as Architect and Engineers and certain other professionals; however, you should consult with Risk Management if you notice "Claims Made" has been indicated.
- 5. A "Policy Number" or binder number should be indicated.
 - The "Effective Date" should be no later than the contract date or the first date that the contractor begins to perform work for the State.
 - The "Expiration Date" should be monitored to ensure that renewal certificates of insurance are received on a timely basis.

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DATE (MINICONYTY)

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PRODUCER		KAME	
		PHONE FAX. No. Ext. (AC. No.)	
		E-MAIL ADDRESS: PRODUCER	
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MSUREO		HISURER A :	
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TR	TYPE OF INSURANCE	MSR	WVO	POLICY NUMBER	(MANDELLALA)	BURGODIY YYY)	Line	9
	GENERAL LIABILITY						EACH GCOVERENCE	3
	COMMERCIAL DENERAL DABILITY		1 1				PREMISES (Es occurrence)	\$
	CLAIMS-NADE OCCUR		1 1				MED-EXP (Any one person)	\$
			1 1				PERSONAL & ADV INJURY	\$
			1 1				GENERAL AGGREGATE	\$
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	POUCY PRO LOC				1			\$
	AUTOMOBILE LIABILITY ANY AUTO						COMBINED SPICLE LIMIT (Ex societé)	\$
					1		BODS, Y HUURY (Per person)	1
	ALL OWNED AUTOS				1		BODEY BUDDRY (Per accessors)	*
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	3
	NON-OWNED AUTOS		1 1					\$
								1
	UMBRELLA LUAR OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS MADE		1 1				AGGREGATE	\$
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	RETERMION S							\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						TORY LIMITS 68	
	ANY PROPRIETOR PARTNERS SECUTIVE OF FOR MEMBER EXCLUSED?	HIA	1 1		1		EL BACH ACCIDENT	3
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	Part describe under DESCRIPTION OF OPERATIONS below						EL DISEASE - POUCY LIMIT	\$
184	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES I	Amuch At	CORD 101, Additional Remarks School	le, if more spece i	e required)		

CERTIFICATE HOLDER	CANCELLATION
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	AUTHORIZED REPRESENTATIVE
	() 1558-2005 ACORD CORDORATION All (table received)

Certificates of Insurance

- 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.
- 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 corporateowned autos, then the "Hired & Non-Owned Auto" may be endorsed to the Commercial General Liability to satisfy this requirement.

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DATE (MINICONYTY)

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	E-MAIL ADDRESS:		
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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE SEEN REDUCED BY PAID CLAIMS.

LTIE	TYPE OF INSURANCE	MSR	WYD	POLICY NUMBER	(ALLALOS CHALL)	(ALCOHOLD LAND	LIMET	5
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l	CLAIMS-NADE OCCUR		ΙI				MED EXP (Any one person)	\$
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Ī	NON-OWNED AUTOS		ΙI					\$
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	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						TORY LIMITS EN	
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	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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	th 1500 2005 ACORD CORDORATION All stable recovered

Certificates of Insurance

- You may notice the limits of liability 10. 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 11. 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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DATE (MINICONYTY)

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certificate holder in lieu of such endorsement;		
PRODUCER	CONTACT	
	PHONE (AIC, No. Ext).	(A/C, Ne):
	ADDRESS:	
	CUSTOMER ID #	
	INSURER(S) AFFO	ROING COVERAGE NAIC #
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	POLICY PRO: LOC							1
	AUTOMOBILE LIABILITY						COMBRED SPICLE LIMIT (EX MIXINE)	•
ŀ	ANY AUTO	4					BOOLY INJURY (Per person)	1
ļ	ALL OWNED AUTOS	-					BOOLY BLURY (Per sension)	1
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CERTIFICATE HOLDER	CANCELLATION
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	AUTHORIZED RUPRESENTATIVE
	A MANAGEMENT COMPANY OF A MANAGEMENT COMPANY OF THE

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Certificates of Insurance

- 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.
 - 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.



DATE (WHIED/YYYY)

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PRODUCER	CONTACT	
	PHONE (AC. No. Ext.	FAX (AAC, Not):
	ADORESS:	*****
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TYPE OF INSURANCE	MORE I	VWD.	POLICY NUMBER	IMMODELLALA)	POUCY EXP	LINET	15
COMMERCIAL DENERAL MARKETY						BACH GCOURRENCE DAMAGE TO RENTED PREMISES (Ex occuments)	3
CLAIMS-NADE OCCUR	1 1	- 1				MED EXP (Any one person)	3
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AUTOMOBILE LIABILITY						COMBRED SPICLE LIMIT (Ex accissed)	*
ANY AUTO	1 1	- 1			1	BOOLY INJURY (Per person)	1
ALL OWNED AUTOS	1 1	- 1				BODILY BUILDINY (Per accident)	1
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/	7	in a contract of					
RTIFICATE HOLDER			CAI	NCELLATION			
*			77	E EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, MOTICE WILL CY PROVISIONS.	

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AUTHORIZED REPRESENTATIVE

Certificates of Insurance

- The "Certificate Holder" should be 14 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 "
- The Certificate should be signed by 15. the insurance agent or an insurance company representative.