State Risk Management and Insurance Administration

Insurance Requirements for Contracts
SPO-150

Presented By:

Tracy Kitaoka, Risk Management Officer

June 7, 2013

Agenda

I. Introductions

II. Course Objective

III. Purpose of Certificate of Insurance

IV. Insurance Requirements for State Contracts

V. Optional Coverages

VI. Anatomy of a Certificate of Insurance

VII. Questions & Answers

Course Objectives

1. Understand why there are insurance requirements for State contracts
2. Know who establishes the insurance requirements for State contracts and what they are
3. Know the required components of a certificate of insurance

What is the Purpose of Insurance?

Insurance transfers the risk, or chance or loss, from one party (the insured) to another party (the insurer), in which the insurer promises to pay the insured, or others on behalf of the insured's behalf, an amount of money for a loss.

Who Establishes Insurance Requirements for Contracts

1. The State Comptroller establishes the types and amounts of insurance coverages required for State Contracts.
2. The current requirement as set forth by Comptroller's Memorandum 2010-06 is as follows:

   a. General Liability; $1 million per occurrence and $2 million in the aggregate (during policy term)

   b. Automobile Insurance: no less than $1 million per accident

Who Establishes Insurance Requirements for Contracts

3. Comptroller's Memorandum 2010-08 Insurance Requirements for Use of State Facilities and Grounds.
4. Comptroller's Memorandum 2010-39 Certificate of Insurance Requirements for Contracts.

These documents are listed on the Comptroller's (DAGS) website.

Why Have Insurance Requirements for Contracts

1. Requires the vendor or contractor's insurance to be liable for any damage caused by their negligence up to the required coverage limits protecting the State.
2. **This creates a financial buffer between the vendor and the State of Hawaii.**

Certificate of Insurance (the Certificate)

1. Issued by a contractor or vendor's insurance agent
2. The Certificate documents:
   a. The State as an additional insured
   b. The term of the insurance policy
   c. The types and amounts of coverage
   d. Compliance with Comptroller's Memorandum 2010-06 and 2010-39

What is General Liability Insurance?

Coverage for liability that arises out of the conduct of a business. The insurer agrees to “Pay on Behalf” of the Insured all sums for Legal Liability arising out of premises and operations including Products and Completed Operations, Fire Damage Legal Liability, Personal Injury and Advertising Liability, and Employee Benefits Liability.

General Liability

Required Limits of Liability, per Comptroller’s Memoranda 2010-06 shall be:

- **Bodily Injury and Property Damage - Per Occurrence Limit**
  - $1,000,000 per occurrence
  - $2,000,000 aggregate

Additional coverage to be considered:

- **Personal Injury**
  - $1,000,000 per occurrence
  - $2,000,000 aggregate
- **Products and Completed Operations**
  - $1,000,000 per occurrence
  - $2,000,000 aggregate

General Liability Coverage

- Coverages should include the following:
  - Premises operation
  - Independent Contractors
  - Products and Completed Operations
  - Contractual Liability
  - Personal Injury & Advertising Injury
  - Explosion, Collapse and Underground Property Damage coverage, if excluded
  - Severability of Interest (Cross Liability)

General Liability Major Exclusions

- Bodily Injury or Property Damage arising from use of any auto owned or operated by or rented/loaned to any insured
- Aircraft, airfields, runways, hangars and other properties in connection with aviation activities
- Workers Compensation, unemployment and disability law obligations
- Damage to State owned property
- Any liability under ERISA (employee retirement income security act) or similar statutes

Automobile

Coverage for liability arising out of the operation, maintenance, or use of a motor vehicle.

Required Limits of Liability, per Comptroller's Memoranda 2010-06 shall be:

No less than $1 million per accident

or:

- Bodily Injury
  - $1,000,000 per person
  - $1,000,000 per accident
- Property Damage
  - $1,000,000 per accident

Automobile

- Maintain coverage for all Owned, Non-Owned and Hired Automobiles
- If party does not own autos, they must maintain Hired & Non-Owned Auto Liability. This can be part of a general liability policy if they do not have their own vehicles.

QUIZ #1

- What is the purpose of insurance?
- Why are the insurance requirements for State contracts important to the State?

QUIZ #1

- What is the purpose of insurance?
  - Transfers risk from one party to another.
- Why are the insurance requirements for State contracts important to the State?
  - Protects the State from liabilities from the actions of a vendor.

Umbrella or Excess Liability

Umbrella or Excess Policies provide additional limits above the limits of the underlying policies. Traditionally, an Umbrella or Excess will have General Liability, Auto Liability, and Employer's Liability as underlying covers.

Umbrella or Excess		
Primary CGL	Primary Auto	Primary WC/EL

Umbrella Liability

- Can be used to meet the insurance requirements
- Endorse the policy naming the State of Hawaii, as an Additional Insured as respects to operations performed for the State of Hawaii.
- Minimum Limits of Liability required:
  - $1,000,000 per occurrence
  - $2,000,000 aggregate
- Traditionally, Umbrella coverage provides higher limits of liability for General Liability, Auto Liability, and WC/Employer's Liability.

Optional Coverages

Professional Liability (Errors and Omissions)

- If professional services are required to fulfill any or all of the activities under the Agreement, the Contractor or Consultant and its subcontractors should maintain and keep in force Professional Liability Insurance (E&O) that covers all activities under the Agreement
- Minimum Limits of Liability:
  - $1,000,000* per claim
  - $2,000,000 annual aggregate
- Retroactive date, must be prior to start of professional services

will vary by project, contract may require higher limits or project-specific limit.

Optional Coverages

Professional Liability (Errors and Omissions)

- **Self-Insured Retention (SIR) or Deductible**
  If it exceeds $25,000, the State of Hawaii should reserve the right, but not the obligation, to review and request a copy of the Contractor's/Consultant's most recent annual report or audited financial statement
- **Claims-Made Basis**
  Policy must warrant the Retroactive Date equals or precedes the effective date of the Agreement.
- **Additional Insured (if available)**
  Subject to the agreement of the insurer, the policy should name the State of Hawaii, its elected and appointed officials, officers, employees and volunteers as additional insureds and should constitute primary insurance for the State, covering liability arising out of or resulting from occurrences during or in connection with the performance of the Agreement.

Optional Coverages

Crime or Fidelity Bond

- If required, the Contractor should maintain Commercial Crime Insurance or Fidelity Bond providing Employee Dishonesty on a blanket basis covering all of the Contractor's employees.
- Minimum amount of insurance at least equal to the amount of the contract.
- Endorsed to cover "Third Party Liability" to include property of the State in the care, custody and control of an outside party.

Optional Coverages

Builder's Risk Insurance

- For projects that consist of building structures, the Contractor, prior to notice to proceed or commencement of work, whichever occurs first, should procure and maintain an Builder's Risk coverage form providing coverage to protect the interests of the State, Contractor, sub-contractors, architects, and engineers including property in transit on and off-premises, which should become a part of the building or Project.
- Insurance amount at least equal to 100% of the projected completed value of the Project, unless agreed amount is otherwise stated between the State and the Contractor
- All Risk, Replacement Cost, and Completed Value Form basis
- Include Off Site Storage and Transit
- Include the State as Loss Payee
- Coverage should be evidenced on form Acord 27, Evidence of Property Insurance
- Sub-contractors may have Installation Floater coverage instead

Recommended Insurance

Type of Activity	Required Insurance	Recommended Minimum Insurance
Construction Projects	(1)	Property, Builders' Risk or Installation Floater for sub-contractors. (Note: add Professional Liability for Design/Build Projects)
Construction and services contracts, including most construction and remodeling, janitorial service, movers, on-site equipment maintenance agreements, tow service, tree-maintenance, road maintenance, welding, plumbing, painting, electrical work, fireworks exhibits.	(1)	
Professional services, including architects, engineers, consultants, counselors, medical professionals, attorneys, accountants, information systems, artists	(1)	Professional Liability (Errors and Omissions)
Environmental, including asbestos, hazardous chemicals or waste	(1)	Pollution and/or Asbestos Pollution Liability and/or Errors and Omissions
Tenants and concessionaires including food and beverage concessions, gift shops, office space, child care and senior centers, other space rental to lessees who have employees	(1)	Property (all-risks to any tenant improvements or betterments)
Vendors, including vendors who supply equipment or other products to the State who do not perform other functions such as installation and maintenance	(1)	
Space rental, including short-term space rental for special occasions to groups who have no employees such as club functions, weddings, dances, picnics or social dinners, crafts exhibitions or classes, animal shows, recreational activities including baseball and football.	(1)	(Note: Contact State Risk Management Office for special events requirements.)
Other activities not listed		Please consult State Risk Management Office

Note: (1) CGL, Auto and WC are required by Comptroller's Memorandum

QUIZ #2

- What are the minimum limits of insurance required by the Comptroller's Memoranda 2010-06?

QUIZ #2

- What are the minimum limits of insurance required by the Comptroller's Memoranda 2010-06?
  - GL - $1M per occurrence/$2M aggregate
  - Auto - $1M per accident

Why the Risk Transfer provisions are necessary

- ➔ Allocate risk equitably between the parties.
- ➔ Accept no more risk than the entity can reasonably insure or transfer to other parties.
- ➔ Place responsibility for risk on parties consistent with their ability to control the risk.
- ➔ Provides insurance coverage to shield the State of Hawaii from assuming additional liabilities by contractually requiring adequate insurance coverage.
- ➔ The Certificate of Insurance documents compliance with the contract's insurance provisions.

Contractual Risk Transfer

Waiver of Subrogation

- Contractor should agree by entering into a Contract or Agreement with the State to a Waiver of Subrogation for each required policy herein. When required by the insurer, or should a policy condition not permit Contractor to enter into a pre-loss agreement to waive subrogation without an endorsement, the Contractor should agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent.
- This Waiver of Subrogation requirement should not apply to any policy, which includes a condition specifically prohibiting such an endorsement, or voids coverage should Contractor enter into such an agreement on a pre-loss basis.

Contractual Risk Transfer

Indemnification and Defense

- The Contractor shall defend, indemnify, and hold harmless the State of Hawaii, the contracting agency, and their officers, employees, and agents from and against all liability, loss, damage, cost, and expense, including all attorneys' fees, and all claims, suits and demands therefore, arising out of or resulting from the acts or omissions of the Contractor or the Contractor's employees, officers, agents, or subcontractors under this contract. The provisions of this paragraph shall remain in full force and effect notwithstanding the expiration or early termination of this contract.

State cannot Indemnify or Hold Harmless

EXCEPTION: Section 46-71.5 HRS - "Indemnification of county agencies" – for use of county facilities, assistance, aid, etc. only

Contractual Risk Transfer

Subcontractors

- If applicable, Contractor should require all subcontractors to name as additional insureds the State, etc.

Contractual Risk Transfer

Primary & Non-contributory wording

- Contractor should agree and evidence: "It is agreed that any insurance maintained by the State of Hawaii, shall apply in excess of and not contribute with, insurance provided by this policy."

Deductibles and Self-Insured Retentions

- Any deductibles or self-insured retentions should be declared to and approved by the State. At the option of the State, either: the insurer should reduce or eliminate such deductibles or self-insured retentions as respects the State, its elected and appointed officials, officers, employees and volunteers; or the Contractor should provide a financial guarantee (audited financial statement) satisfactory to the State guaranteeing payment of losses and related investigations, claim administration and defense expenses.

Certificates of Insurance

RECENT CHANGES

- In 2009, ACORD published new editions of its property and liability certificates of insurance.
- 39 changes were made to the certificates, many of which are formatting changes.

Certificates of Insurance

Refer to Comptroller Memorandum 2010-39

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

December 1, 2010

COMPTROLLER'S MEMORANDUM 2010-39

TO: Heads of Departments and Agencies

FROM: Russ K. Saito
State Comptroller

SUBJECT: Certificate of Insurance Requirements for Contracts

This memorandum amends and replaces Comptroller's Memorandum 2010-17, dated November 29, 2010.

The State includes the provision for a notice of cancellation or any material change in insurance coverage in Requests for Proposals (RFP), Invitations for Bids (IFB), and other contracts as applicable.

The document used to meet this requirement is usually a Certificate of Insurance, which is a standard insurance industry form prepared by the Acord Corporation and issued by the insurance agent or broker of the contractor. In the past, this form included a provision that required that insurance agent or broker to notify the State when there was a cancellation or material change to the contractor's coverage (Notice). However, in response to comments of the insurance industry, Acord has removed its standard form to delete the Notice provision.

Therefore, effective immediately, departments may accept the new Acord forms that omit the Notice provision and waive the requirement for such notice on both existing and future contracts. Departments and agencies with existing contracts that include the Notice provision need not amend those contracts to reflect that the Notice provisions are no longer acceptable as an insurance industry practice, and should be mindful that as the Notice provision is no longer acceptable by the insurance industry, the notice provision will not be honored.

However, the contractor should still be held responsible to notify the contracting department or agency of any changes to the contractor's insurance policies or if the contractor receives a notice

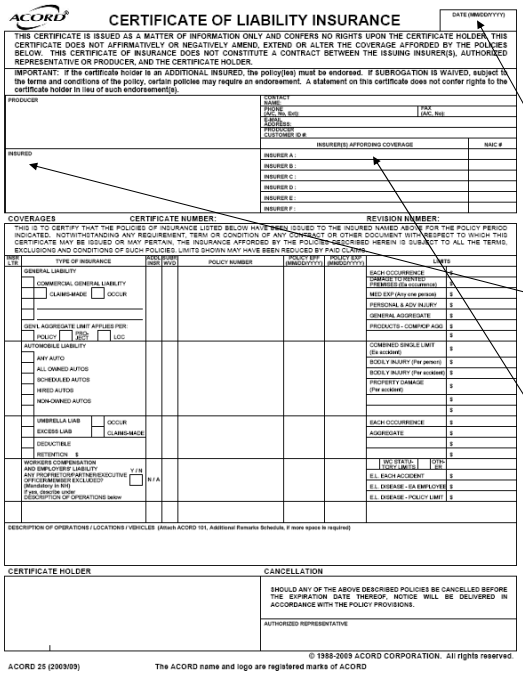
Certificates of Insurance

- Prior to issuance of the notice to proceed for the proposed contract, Contractor should provide the State a certificate of insurance completed by a duly authorized representative of their insurer certifying that the liability coverage(s) is written on an occurrence form
- The State reserves the right to require complete certified copies of all required insurance policies, including endorsements effecting the coverage required at any time.
- Failure to secure and maintain the required insurance should be considered as a major breach of Contract. Should the State be forced to expend funds that would have been covered under the specified insurance, Contractor should agree to reimburse the State for such funds.

Certificates of Insurance (cont.)

- Additional Insured language per Comptroller's Memo 2010-39 is as follows:

  "The State of Hawaii is named as additional insured as respects to operations performed for the State of Hawaii".



ACORD 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: | PHONE (AC, No, Ext): | FAX (AC, No): | E-MAIL ADDRESS: | PRODUCER CUSTOMER ID #:

INSURED | INSURER(S) AFFORDING COVERAGE | NAIC #

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE $
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) $
	CLAIMS-MADE / OCCUR						MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
							GENERAL AGGREGATE $
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG $
	POLICY / PRO-JECT / 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 / OCCUR						EACH OCCURRENCE $
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE $
	DEDUCTIBLE						$
	RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N / N/A						E.L. EACH ACCIDENT $
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $
							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

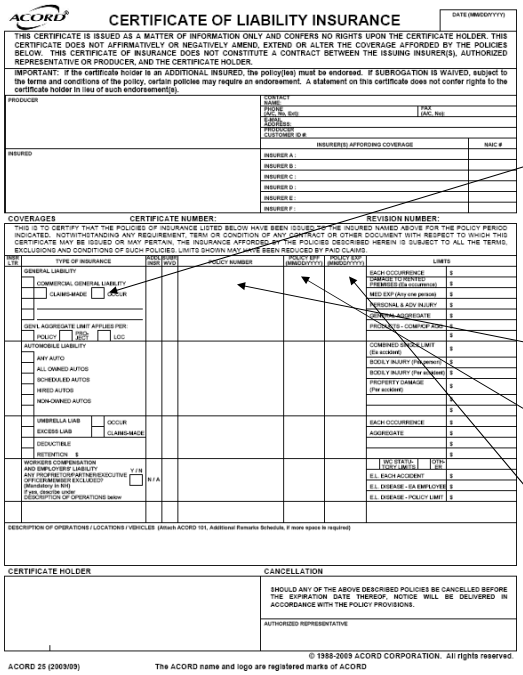
© 1988-2009 ACORD CORPORATION. All rights reserved.

ACORD 25 (2009/09) | The ACORD name and logo are registered marks of ACORD

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.



ACORD 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: | PHONE (AC, No, Ext): | FAX (AC, No): | E-MAIL ADDRESS: | PRODUCER CUSTOMER ID #:

INSURED | INSURER(S) AFFORDING COVERAGE | NAIC #

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE $
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) $
	CLAIMS-MADE / OCCUR						MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
							GENERAL AGGREGATE $
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG $
	POLICY / PRO-JECT / 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 / OCCUR						EACH OCCURRENCE $
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE $
	DEDUCTIBLE						$
	RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N / N/A						E.L. EACH ACCIDENT $
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $
							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

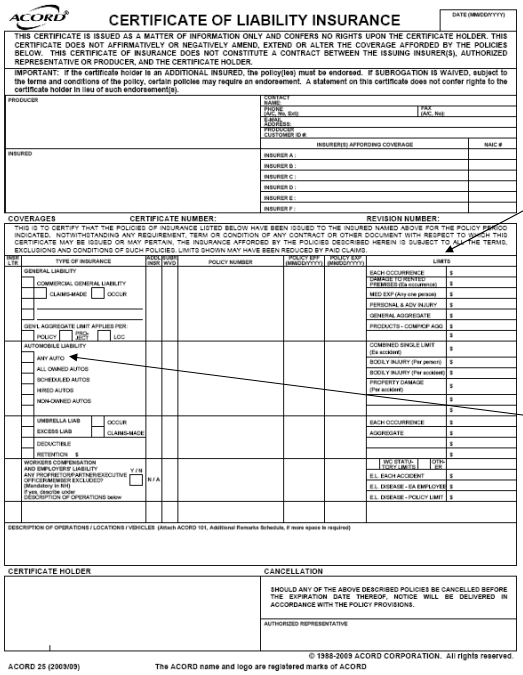
© 1988-2009 ACORD CORPORATION. All rights reserved.

ACORD 25 (2009/09) | The ACORD name and logo are registered marks of ACORD

Certificates of Insurance

Required Elements

4. 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.
6. 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.
7. The "Expiration Date" should be monitored to ensure that renewal certificates of insurance are received on a timely basis.



ACORD 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: PHONE (AC, No, Ext): FAX (AC, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:

INSURED | INSURER(S) AFFORDING COVERAGE | NAIC #

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE $
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) $
	CLAIMS-MADE / OCCUR						MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
							GENERAL AGGREGATE $
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG $
	POLICY / PRO-JECT / 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 / OCCUR						EACH OCCURRENCE $
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE $
	DEDUCTIBLE						$
	RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N / N / A						E.L. EACH ACCIDENT $
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $
							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

© 1988-2009 ACORD CORPORATION. All rights reserved.

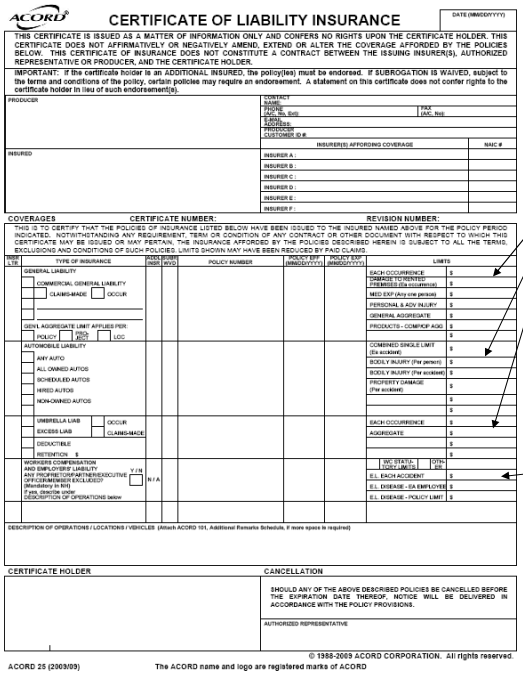
ACORD 25 (2009/09) The ACORD name and logo are registered marks of ACORD

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.



ACORD 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: PHONE (AC, No, Ext): FAX (AC, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:

INSURED | INSURER(S) AFFORDING COVERAGE | NAIC #

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE $
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) $
	CLAIMS-MADE / OCCUR						MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
							GENERAL AGGREGATE $
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG $
	POLICY / PRO-JECT / 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 / OCCUR						EACH OCCURRENCE $
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE $
	DEDUCTIBLE						$
	RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N / N / A						E.L. EACH ACCIDENT $
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $
							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

© 1988-2009 ACORD CORPORATION. All rights reserved.

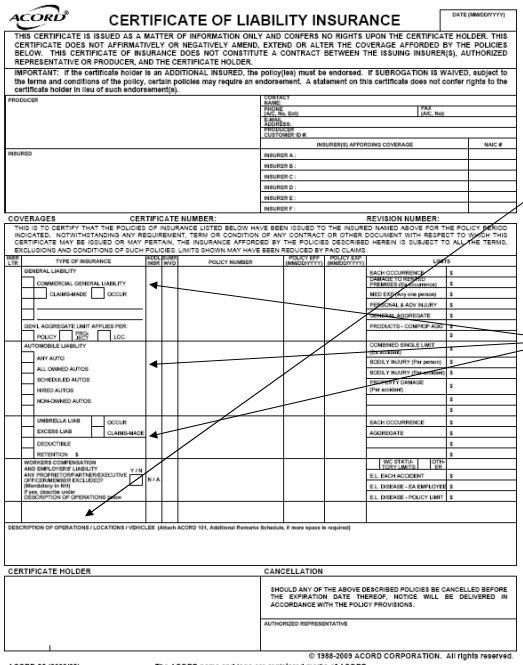
ACORD 25 (2009/09) The ACORD name and logo are registered marks of ACORD

Certificates of Insurance

Required Elements

10. 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.

11. "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.



ACORD 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:
PHONE (AC, No, Ext): FAX (AC, No):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #:

INSURED

INSURER(S) AFFORDING COVERAGE | NAIC #
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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE $
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) $
	CLAIMS-MADE OCCUR						MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
							GENERAL AGGREGATE $
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG $
	POLICY PRO-JECT 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 OCCUR						EACH OCCURRENCE $
	EXCESS LIAB CLAIMS-MADE						AGGREGATE $
	DEDUCTIBLE						$
	RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT $
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $
							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

© 1988-2009 ACORD CORPORATION. All rights reserved.

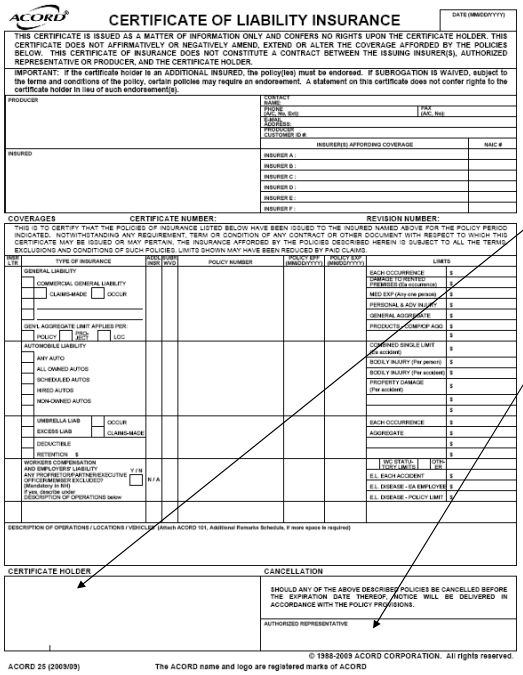
ACORD 25 (2009/09) The ACORD name and logo are registered marks of ACORD

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, 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.



ACORD 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:
PHONE (AC, No, Ext): FAX (AC, No):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #:

INSURED

INSURER(S) AFFORDING COVERAGE | NAIC #
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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE $
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) $
	CLAIMS-MADE OCCUR						MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
							GENERAL AGGREGATE $
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG $
	POLICY PRO-JECT 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 OCCUR						EACH OCCURRENCE $
	EXCESS LIAB CLAIMS-MADE						AGGREGATE $
	DEDUCTIBLE						$
	RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT $
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $
							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

© 1988-2009 ACORD CORPORATION. All rights reserved.

ACORD 25 (2009/09) The ACORD name and logo are registered marks of ACORD

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.

QUIZ #3

- What is the purpose of a certificate of insurance?
- What should you consider when determining the type of coverage and limits for a contract?

QUIZ #3

- What is the purpose of a certificate of insurance?
  - Provide evidence that the vendor has complied with the insurance requirements of the contract.

QUIZ #3

- What should you consider when determining the type of coverage and limits for a contract?
  - The type of work being performed and its potential risk for property damage or bodily injury to others or the State.

Flexibility on required insurance language

- Keep the underlying business transaction in mind
- Eliminate unnecessary or redundant requirements
- Establish preferred insurance language but have a fall back position
- Risk transfer is affected by custom and practice
- Insurance is preferable to relying on indemnification clause

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/01/2011

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
XYZ Insurance Agency
2011 Easy Street
Honolulu, HI 96822

CONTACT NAME:
PHONE (A/C, No, Ext): 808 555-1212 FAX (A/C, No): 808 555-1213
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #:

INSURED
KOKUA SERVICES, INC.
123 Kamehameha Highway
Kaunakakai, HI 96748

INSURERS AFFORDING COVERAGE — NAIC #
INSURER A: First Insurance Company — 41734
INSURER B: XYZ Insurance Agency
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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY: X COMMERCIAL GENERAL LIABILITY; X CLAIMS-MADE; OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: POLICY; PRO-JECT; LOC			GL 201131	01/01/2011	01/01/2012	EACH OCCURRENCE $ 1,000,000; DAMAGE TO RENTED PREMISES (Ea occurrence) $ 100,000; MED EXP (Any one person) $ 5,000; PERSONAL & ADV INJURY $ 1,000,000; GENERAL AGGREGATE $ 2,000,000; PRODUCTS - COMP/OP AGG $ 2,000,000
A	AUTOMOBILE LIABILITY: X ANY AUTO; ALL OWNED AUTOS; SCHEDULED AUTOS; HIRED AUTOS; NON-OWNED AUTOS				01/01/2011	01/01/2012	COMBINED SINGLE LIMIT (Ea accident) $; BODILY INJURY (Per person) $ 100,000; BODILY INJURY (Per accident) $ 300,000; PROPERTY DAMAGE (Per accident) $ 100,000
B	X UMBRELLA LIAB; X OCCUR; EXCESS LIAB; CLAIMS-MADE; DEDUCTIBLE; RETENTION $			JWB 201103	01/01/2011	01/01/2012	EACH OCCURRENCE $; AGGREGATE $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY: ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below			WC 201104	03/01/2010	03/01/2011	X WC STATU-TORY LIMITS; OTH-ER; E.L. EACH ACCIDENT $ 100,000; E.L. DISEASE - EA EMPLOYEE $ 100,000; E.L. DISEASE - POLICY LIMIT $ 500,000

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

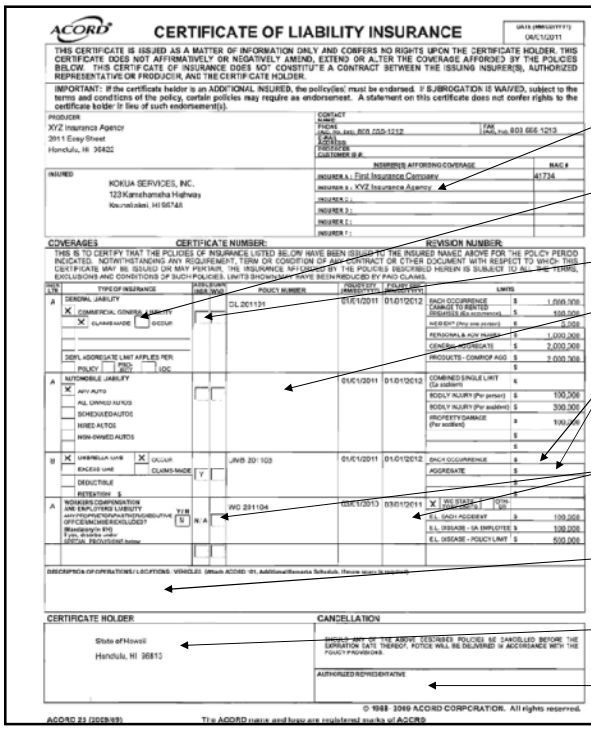
CERTIFICATE HOLDER
State of Hawaii
Honolulu, HI 96813

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

© 1988-2009 ACORD CORPORATION. All rights reserved.
ACORD 25 (2009/09) The ACORD name and logo are registered marks of ACORD

What's Wrong?



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/01/2011

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
XYZ Insurance Agency
2011 Easy Street
Honolulu, HI 96822

CONTACT NAME:
PHONE (A/C, No, Ext): 808 555-1212 FAX (A/C, No): 808 555-1213
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #:

INSURED
KOKUA SERVICES, INC.
123 Kamehameha Highway
Kaunakakai, HI 96748

INSURERS AFFORDING COVERAGE — NAIC #
INSURER A: First Insurance Company — 41734
INSURER B: XYZ Insurance Agency
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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY: X COMMERCIAL GENERAL LIABILITY; X CLAIMS-MADE; OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: POLICY; PRO-JECT; LOC			GL 201131	01/01/2011	01/01/2012	EACH OCCURRENCE $ 1,000,000; DAMAGE TO RENTED PREMISES (Ea occurrence) $ 100,000; MED EXP (Any one person) $ 5,000; PERSONAL & ADV INJURY $ 1,000,000; GENERAL AGGREGATE $ 2,000,000; PRODUCTS - COMP/OP AGG $ 2,000,000
A	AUTOMOBILE LIABILITY: X ANY AUTO; ALL OWNED AUTOS; SCHEDULED AUTOS; HIRED AUTOS; NON-OWNED AUTOS				01/01/2011	01/01/2012	COMBINED SINGLE LIMIT (Ea accident) $; BODILY INJURY (Per person) $ 100,000; BODILY INJURY (Per accident) $ 300,000; PROPERTY DAMAGE (Per accident) $ 100,000
B	X UMBRELLA LIAB; X OCCUR; EXCESS LIAB; CLAIMS-MADE; DEDUCTIBLE; RETENTION $			JWB 201103	01/01/2011	01/01/2012	EACH OCCURRENCE $; AGGREGATE $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY: ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below			WC 201104	03/01/2010	03/01/2011	X WC STATU-TORY LIMITS; OTH-ER; E.L. EACH ACCIDENT $ 100,000; E.L. DISEASE - EA EMPLOYEE $ 100,000; E.L. DISEASE - POLICY LIMIT $ 500,000

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

CERTIFICATE HOLDER
State of Hawaii
Honolulu, HI 96813

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

© 1988-2009 ACORD CORPORATION. All rights reserved.
ACORD 25 (2009/09) The ACORD name and logo are registered marks of ACORD

ANSWERS:

- Producer listed as insurer
- Should be "occurrence' form - check with RMO for exceptions (i.e. Prof. Liab)
- Additional Insured not indicated
- Auto policy number not evidenced
- Umbrella limits not evidenced ***(note: without UMB limits, Auto and WC coverage do not meet minimum requirements)***
- Should request Waiver of Subrogation and coverage expired
- Should reference contract, RFP, project, or department, etc.
- Certificate holder address incomplete
- Authorized signature missing

Contact Information

State Risk Management Office

Web Sites

- http://www.higov.net/portal/Members/dagsrmo
- http://ags.hawaii.gov/aso/rmo

Email:

dagsrmo@hawaii.gov

tracy.s.kitaoka@hawaii.gov

Phone:

(808)-586-0547

(808) 586-0550