



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Today's date

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 Name of Insurance Agent or Broker Address City, State Zip Code	CONTACT NAME: John Doe PHONE (A/C. No. Ext): (888) 888-8888 E-MAIL ADDRESS: johndoe@insurance.com	FAX (A/C. No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Insured's Name as it appears on the facilities use agreement Address City, State Zip Code	INSURER A: ABC Insurance Company	
	INSURER B: DEF Insurance Company	
	INSURER C: XYZ Insurance Company	
	INSURER D:	
	INSURER E: Note: Minimum Rating Requirement for Insurers:	
	INSURER F: AM Best's Rating of A- VII	

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			Current Policy Number	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000		
	GENERAL AGGREGATE \$ 2,000,000								
B	AUTOMOBILE LIABILITY			Current Policy Number	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$		
	<input checked="" type="checkbox"/> ANY AUTO	Y	Y				BODILY INJURY (Per person) \$ 1,000,000		
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> HIRED AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$ 1,000,000	
	UMBRELLA LIAB						EACH OCCURRENCE \$		
	EXCESS LIAB						AGGREGATE \$		
	DED						RETENTION \$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Current Policy Number	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> WC STATUTORY LIMITS		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				Y	OTHER	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

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

Re: ENTER DATE, TIME AND LOCATION OF USE

Certificate Holder is named as additional insured to the extent required in the contractual agreement with the named insured for the commercial general liability and automobile liability policies.

Liability coverage shall be primary and non-contributory where required by written contract.

A waiver of subrogation is granted in favor of the University of Hawaii for all policies listed.

CERTIFICATE HOLDER**CANCELLATION**

University of Hawaii, State of Hawaii
 2442 Campus Road, Room 104
 Honolulu, HI 96822

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
 John Doe (authorized signature)