

**Sample Checklist for Certificate of Insurance (COI)
Insurance Requirements**

INSURED

- Insured Name must match name shown in Contract or identified in certificate as covered entity.

TYPE OF INSURANCE

LIMITS

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Commercial General Liability | \$1,000,000 per occurrence for bodily injury and property damage and \$2,000,000 in aggregate |
| <input type="checkbox"/> | Automobile Liability | \$1,000,000 per occurrence |
| <input type="checkbox"/> | Professional Liability (if applicable) | \$1,000,000 per occurrence and \$2,000,000 in aggregate |
| <input type="checkbox"/> | The ADD'L INSRD box for both General Liability and Automobile Liability shall be checked.
NOTE: If Umbrella Liability policy is used to meet the insurance requirements, the ADD'L INSRD box for Umbrella Liability shall also be checked. | |
| <input type="checkbox"/> | POLICY EFFECTIVE DATE and POLICY EXPIRATION DATE shall cover the time of performance of the contract. Reminder: A new COI is required should the policy expire during the contract period. | |
| <input type="checkbox"/> | Insurer alpha must be listed in "INSR LTR" box next to the type of insurance. | |

If the insurance company issuing the policy is not registered with the Department of Commerce and Consumer Affairs, pursuant to HRS §431:8-307, the following must be stated on the certificate in accordance with HRS §431:8-306:

- "This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii." *Name and Address of the surplus lines broker*

NOTE: Need only one surplus lines broker stamp if more than one insurer is not registered to do business in Hawaii.

All Certificates shall include the following information in the "DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS" box:

- ASO LOG NO. XX-XXX
- (1) The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii.
- (2) It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

NOTE: Professional Liability policy only requires text (2) if it is on a separate certificate.

- The CERTIFICATE HOLDER shall be:

State of Hawaii
Department of Health
Administrative Services Office
P. O. Box 3378
Honolulu, Hawaii 96801-3378

Insurance Notes

Insured – name & address should match contract information

Type of Insurance – the certificate of insurance must match coverage requirements in contract

- ADDL INSD box should be checked for both General Liability / Automobile Liability – usually indicated by an “X” or “Y”
- Policy Effective Date & Policy Expiration Date — must cover contract performance period
 - o Usually a COI covers a one year period
 - o Unless the COI covers the exact contract period, will need more than 1 COI for it
 - Initial contract – OK if COI doesn’t cover entire contract period as long as it covers first day
 - Mods – need updated COI if extending contract
 - o No gaps in coverage allowed

Is Insurer Licensed in Hawaii?

- o To check: <http://insurance.ehawaii.gov/hils/> [DCCA Insurance License Search]
- o Insurer should have “Active” status; otherwise, need to include the statement that they’re not licensed by the state and include the name & address of the surplus lines broker
- o If not licensed & no statement, insurer is OK if their AM Best rating is at or above A- VIII (AM Best is a measure of their financial strength/size)

Description of Operations Box

- Need to include 3 items:
 - o ASO Log No.
 - o Statement regarding additional insured
 - o Statement regarding excess coverage
- If there are forms referenced in this box, then contractor/provider needs to send a copy of these forms

Certificate Holder – must be a DOH address