

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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). I CONTACT

Address of Producer    EMAIL   ADDRESS   INSURER IS   AFFORDING COVERAGE   NAIC #	PRODUCER				NAME:						
Address of Producer    NSURER A:   NSURER	Name of Producer					PHONE FAX (AJC, No, Ext): (AJC, No):					
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State of Hawaii Department of Health **State Laboratories Division** 2725 Waimano Home Road Pearl City, HI 96782

SHOULD ANY OF THE ABOVE DESCRIBEDPOLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Signature of Representative

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

## **INSURED**

X	Insured Name must match name shown in Contract or identified in certificate as covered entity.							
TYPI	E OF INSURANCE	<u>LIMITS</u>						
X	Commercial General Liability	\$1,000,000 per occurrence for bodily injury and property damage and \$2,000,000 in aggregate						
X	Automobile Liability	\$1,000,000 per occurrence						
	Professional Liability (if applicable)	\$1,000,000 per occurrence and \$2,000,000 in aggregate						
X	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.							
X	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.							
X	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." <i>Name</i> and <i>Address</i> of the surplus lines broker							
NOTI	E: Need only one surplus lines broker stan Hawaii.	np if more than one insurer is not registered to do business in						
All Certificates shall include the following information in the "DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS" box:								
X	HIePRO Award number and PO#							
X	(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 main contribute with, insurance provided by	tained by the State of Hawaii will apply in excess of, and not this policy.						
NOTE: Professional Liability policy only requires text (2) if it is on a separate certificate.								
X	The CERTIFICATE HOLDER shall be	::						
	State of Hawaii Department of Health State Laboratories Division 2725 Waimano Home Road							

Rev. 9/5/12

Pearl City, HI 96782