

Please see the minimum insurance requirements below:

Minimum Coverage Limits:

- (1) Worker's compensation insurance complying with the laws of the State of Hawaii;
- (2) Employer's liability insurance, in the amount of not less than \$1,000,000.00 per loss and in the aggregate;
- (3) Comprehensive general liability insurance, including contractual liability insurance in the combined single limit of not less than \$1,000,000.00 per loss and in the aggregate; and
- (4) Automobile liability insurance in the amount of not less than \$1,000,000.00 per loss and in the aggregate for bodily injury and for property damage combined. Automobile liability insurance in the amount of not less than \$1,000,000.00 per loss and in the aggregate for bodily injury and for property damage combined for hired and non-owned autos.
- (5) Paragraph 7 of the General Provisions is hereby amended that Owner and its Managing Agent (Colliers International Real Estate Management Services (HI), LLC) shall be additional insured's on the general liability policy required under this Agreement.
 - The Trustees for the Estate of Bernice Pauahi Bishop, Landlord
567 South King Street, Suite 200
Honolulu, HI 96813
 - Colliers International Real Estate Management Service (HI), LLC, Managing Agent
220 South King Street, Suite 1800,
Honolulu, HI 96813

In addition, if you are planning to serve alcohol, we will also require the Permittee to be in possession of a valid liquor license and have \$1 million Liquor Liability Insurance coverage.

If you do not have any employees or company vehicles you would need to provide to us in writing stating that you do not have employees or company vehicles so those insurance requirements can be waived.

We have attached a sample Certificate of Insurance for your reference. If you should have any other questions, please let us know.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KH

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 YOUR INSURANCE COMPANY	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED YOUR COMPANY INFORMATION	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	To be filled out by your insurance company
	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
A	GENERAL LIABILITY			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.			EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		<input checked="" type="checkbox"/>				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ Excluded
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 1,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB						\$
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ 500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	Y/N <input type="checkbox"/> N/A						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
	Liquor Law Liability						\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule. if more space is required) **Add premise address**
 Location: 333 Keawe Street, Building 5
 Trustees of the Estate of Bemice Pauahi Bishop & Colliers International Real Estate Management Services (HI) LLC are named as additional insured, but only to the extent set forth in the General Liability policy provisions. **This should be shown on your COI**

CERTIFICATE HOLDER	CANCELLATION
Colliers International Real Estate Mgmt Svs (HI) LLC 220 S. King St., Suite 1800 Honolulu, HI 96813	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Please show as the Certificate Holder	AUTHORIZED REPRESENTATIVE <i>Carolyn J. Kelleher</i>