

CERTIFICATE OF INSURANCE (C.O.I.) INFORMATION FOR COUNTY OF KAUAI ONLY

IN THE DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS SECTION:

“The County of Kauai, including all of its departments and attached agencies, their officers, employees and agents are named as additional insured with respect to the named insured’s filming activities.”

IN THE CERTIFICATE HOLDER SECTION:

In the “Certificate Holder” section:

County of Kauai
Office of Economic Development
4444 Rice Street #200
Lihue, HI 96766

Required Certificate Liability Limits:

- **General Liability (\$1 million per occurrence, \$2 million aggregate**
- **Automobile Liability (\$1 million bodily injury per person, \$1 million bodily injury per accident and \$1 million property damage per accident**
- **Waiver of Subrogation – each policy MUST include a Waiver of Subrogation**

In the “Certificate Holder” section:

County of Kauai
Office of Economic Development
4444 Rice Street #200
Lihue, HI 96766

See below for Certificate of Insurance Example



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
NEEDED

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 Insurance Company Name Address	CONTACT NAME: NEEDED	FAX (A/C, No): NEEDED
	PHONE (A/C, No, Ext): NEEDED	
INSURED Your Company Name (must be same as Applicant) Your Company Address	E-MAIL ADDRESS: NEEDED	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : NEEDED	NAIC #
	INSURER B : NEEDED	
	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			NEEDED	NEEDED	NEEDED	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
B	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NEEDED	NEEDED	NEEDED	COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" 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 \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/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)

"The County of Kauai, including all of its departments and attached agencies, their officers, employees and agents are named as additional insured with respect to the named insured's filming activities."

CERTIFICATE HOLDER

CANCELLATION

COUNTY OF KAUAI OFFICE OF ECONOMIC DEVELOPMENT 4444 RICE STREET, SUITE 200 LIHUE, HI 96766	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 NEEDED
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