SAMPLE COI FOR STATE OF HAWAII

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AM BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONS REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDE		CONFERS N					
			ER THE CO	VERAGE AFFORDED B	Y THE	POLICIES	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, t terms and conditions of the policy, certain policies may require an	the policy(i						
certificate holder in lieu of such endorsement(s).	CONTA	СТ		the second second			
Insurance Company Name Address IsureD Vendor Name Vendor Address		CONTACT NAME: PHONE FAX					
		s. Ent):	_	(A/C; No):			
		SS:	_		T	NAIC #	
		INSURER(S) AFFORDING COVERAGE					
						1.1.1.1	
OVERAGES CERTIFICATE NUMBER:	INSUR	RF:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR COND CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY	FORDED BY	IY CONTRACT THE POLICIE REDUCED BY I	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO	WHICH THI	
R TYPE OF INSURANCE ADDL SUBR POLICY NUME	BER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
GENERAL LIABILITY				EACH OCCURRENCE	5	_	
COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurrence)	5	_	
	er	Eff Date	Exp Date	MED EXP (Any one person)	5		
				GENERAL AGGREGATE	\$2,0	000,000.	
				PRODUCTS - COMP/OP AGG	6	_	
				COMBINED SINGLE LIMIT		_	
		1	1	(Ea accident)	6		
ANY AUTO ALL OWNED SCHEDULED				BODILY INJURY (Per accident) \$		_	
AUTOS AUTOS NON-OWNED				PROPERTY DAMAGE	5		
HIRED AUTOS AUTOS				(Per accident)	6	-	
					5		
EXCESS LIAB CLAIMS-MADE					5		
DED RETENTION \$							
WORKERS COMPENSATION				WC STATU- TORY LIMITS		1999 - P	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					5		
OFFICE/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT			
	Number	Eff Date	Exp Date	\$2M Each Claim/			
(option in place of General)				\$2M Annual Agg			
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Re Knowledge Services, the State of Hawaii, their officers and employe Services and the State of Hawaii. Any insurance maintained by Know contribute with, insurance provided by this policy. Should any of the immediately.	ees are addi wledge Serv	tional insured ices and/or the test of tes	ls with respe ne State of H	lawaii will apply in excess	of, an	d not	
	CAN		-		-		
Knowledge Services and the State of Hawaii	SH	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOF THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.					
9800 Crosspoint Blvd Indianapolis, IN 46256							
		AUTHORIZED REPRESENTATIVE					
		Signature Required					