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CERTIFICATE OF LIABILITY INSURANCE

8/30/2023

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 have ADDITIONAL INSURED provisions or 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).

	nis certificate does not confer rights t				ıch enc	lorsement(s)		require an endors	ement.	AS	latement on
PRODUCER Insurance Associates, Inc. 800 Bethel Street. Suite 200					CONTACT Bradley Ho Inc						
					PHONE (A/C, No, Ext): (808) 526-9285 FAX (A/C, No): (808) 792-5385						
	iolulu, HI 96813-4305				E-MAIL ADDRESS: brad@insuringhawaii.com						
INSURED Ma Ke Alo O						INSURER(S) AFFORDING COVERAGE					NAIC#
						INSURER A : Alliance of Nonprofits for Insurance RRG					10023
						INSURER B:					
	365 Auwinala Rd. Kailua, HI 96734				INSURER D:						
	Kanua, III 30734				INSURER E :						
					INSURER F:						
				E NUMBER:				REVISION NUMBE			
	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F										
С	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	, THE INSURANCE AFFOR	DED BY	THE POLICI	IES DESCRIE	BED HEREIN IS SUBJ			
INSR TYPE OF INJURANCE ADDL SUBR POLICIES. LIMITS SHOWN MAY HAV					POLICY EFE POLICY EYP						
A	TYPE OF INSURANCE	ADDL SUE		POLICY NUMBER	(N	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			1,000,000
	X COMMERCIAL GENERAL LIABILITY			0000 70054		0/0/0000		EACH OCCURRENCE \$			500,000
	CLAIMS-MADE X OCCUR			2023-72354		2/3/2023	2/3/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$			20,000
								MED EXP (Any one pers		\$	1,000,000
								PERSONAL & ADV INJU		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGREGATE \$			2,000,000
								PRODUCTS - COMP/OF		\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIM	/IT	\$	
	ANY AUTO							(Ea accident)		\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per pe		\$ 	
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$ \$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)		Ф \$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$ \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$ \$	
	DED RETENTION \$							AGGREGATE		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ	
								E.L. EACH ACCIDENT		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMP	LOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Ma Ke Alo O 365 Auwinala Rd. Kailua, HI 96734				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	randa, m 00107				AUTHORIZED REPRESENTATIVE						