

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/14/2014

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	CONTACT NAME:				
Finance Insurance Ltd. 1164 Bishop Street, Suite 400	PHONE (A/C, No, Ext): (808) 522-2040 FAX (A/C, No): (808)	522-2082			
Honolulu, HI 96813	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Crum & Forster Specialty Ins				
INSURED	INSURER B: Tradewind Insurance Co.	22853			
Hawaii Geophysical Services LLC	INSURER C: Island Insurance Co., Ltd.	22845			
949 Akepo Lane	INSURER D:				
Honolulu, HI 96817	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.

	CLU	ISIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	2,000,000
		CLAIMS-MADE X OCCUR			EPK103532	03/18/2014	03/18/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
	X	E&O, Pollution			This insurance contract is issued by an		1	MED EXP (Any one person)	\$	5,000
					not licensed by the State of Hawaii and its regulation or examination. If the in	,)	PERSONAL & ADV INJURY	\$	2,000,000
	GEN	J'L AGGREGATE LIMIT APPLIES PER:			insolvent, claims under this contract ar	e not covered b	y	GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC			any guaranty fund of the State of Hawa Swett & Crawford	aii. 		PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			1003 Bishop St., Ste. 2660	l			\$	
	AUT	OMOBILE LIABILITY			Honolulu, HI 96813			COMBINED SINGLE LIMIT (Ea accident)	\$	
В	X	ANY AUTO			TBA971419004	05/20/2014	05/20/2015	BODILY INJURY (Per person)	\$	1,000,000
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	1,000,000
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	1,000,000
								,	\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
C AN		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER STATUTE OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		IWA971246205	05/20/2014	05/20/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	idatory in NH)	, ,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) * Proof of Insurance *									

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Proof of Insurance *			

CERTIFICATE HOLDER	CANCELLATION
Hawaii Geophysical Services LLC 949 Akepo Ln. Honolulu. Hl	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Tionolata, Ti	AUTHORIZED REPRESENTATIVE
	Davelin M. Songa