

ROKA01



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/20/2022

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.

	SUBROGATION IS WAIVED, SUBJECT in its certificate does not confer rights to										
PRODUCER Pyramid Insurance Centre, Ltd. Honolulu Branch						CONTACT NAME:					
						PHONE (A/C, No, Ext): (808) 527-7667 FAX (A/C, No): (808) 545-3450					
420	Waiakamilo Road, Suite 411				E-MAIL ADDRE			1 (,)	. ,		
INSURED Hawaii Geophysical Services, LLC 949 Akepo Ln						INSURER(S) AFFORDING COVERAGE					
						INSURER A : Crum & Forster Specialty Insurance Company				44520	
						INSURER B: Island Insurance Company, Ltd.				22845	
						RC:					
						RD:					
	Honolulu, HI 96817		INSURE	RE:							
						RF:					
СО	VERAGES CER	CATE	NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	EQUI PER	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY F POLICY EFF	CT OR OTHER ES DESCRIB PAID CLAIMS POLICY EXP	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	O ALL	WHICH THIS	
Α	X COMMERCIAL GENERAL LIABILITY	INOD	****			(WINNIED/1111)	(MINI/DD/11111)	EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR X E&O, Pollution GEN'L AGGREGATE LIMIT APPLIES PER:			EPK850657		3/18/2022	3/18/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- OTHER:							PRODUCTS - COMP/OP AGG EMPLOYEE BENEFI	\$	2,000,000 1,000,000	
В	AUTOMOBILE LIABILITY	+ 1						COMBINED SINGLE LIMIT (Ea accident)	\$		
	X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS			IBA971419012		5/20/2022	5/20/2023	BODILY INJURY (Per person)	\$	1,000,000	
								BODILY INJURY (Per accident)		1,000,000	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	1,000,000	
	AUTOS ONLY AUTOS ONLY							(rei accident)	\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	s s	1,000,000	
	EXCESS LIAB CLAIMS-MADE			EFX850658		3/18/2022	3/18/2023	AGGREGATE	s	1,000,000	
	DED X RETENTION\$ 10,000							AGGREGATE	s		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-	Ψ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		IWA971246213		5/20/2022	5/20/2023	E.L. EACH ACCIDENT	\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	1,000,000	
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This	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI insurance contact is issued by an insu ad insolvent, claims under this contract	rer w	hich	is not licensed by the Stat	e of Ha	waii and is no	t subject to	ed) ets regulation or examinti	on. If 1	the insurer is	
CERTIFICATE HOLDER						CANCELLATION					
Proof of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	RIZED REPRESEI	NTATIVE				