



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
09/16/2021

**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.**

<b>PRODUCER</b> Atlas Insurance Agency, Inc. 201 Merchant Street Suite 1100 Honolulu HI 96813		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> (808) 550-1155 <b>E-MAIL ADDRESS:</b> aoaocert@atlasinsurance.com <b>PRODUCER CUSTOMER ID:</b> 00076907	
<b>INSURED</b> Association of Unit Owners of Azure Ala Moana c/o Hawaiian Properties Ltd. P.O. Box 38078 Honolulu HI 96837		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Allianz / Fireman's Fund <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b>	


**COVERAGES**      **CERTIFICATE NUMBER:** 21-22 CCG33      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
See Remarks

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	CAUSES OF LOSS	DEDUCTIBLES					
A	<input checked="" type="checkbox"/> PROPERTY		USC028327210	09/15/2021	09/15/2022	<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input checked="" type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/>	<input type="checkbox"/>					\$
	<input type="checkbox"/>	<input type="checkbox"/>					\$
	<input type="checkbox"/>	<input type="checkbox"/>					\$
	<input checked="" type="checkbox"/>	<input type="checkbox"/>					\$
	<input type="checkbox"/>	<input type="checkbox"/>					\$
	<input type="checkbox"/>	<input type="checkbox"/>					\$
	<input checked="" type="checkbox"/>	<input type="checkbox"/>					\$ 200,100,000
	<b>INLAND MARINE</b>	TYPE OF POLICY					\$
	<b>CAUSES OF LOSS</b>						\$
	<b>NAMED PERILS</b>	POLICY NUMBER					\$
	<b>CRIME</b>						\$
	<b>TYPE OF POLICY</b>						\$
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN		USC028327210	09/15/2021	09/15/2022		\$ 200,100,000
							\$
							\$

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 

AGENCY CUSTOMER ID: 00076907

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY Atlas Insurance Agency, Inc.		NAMED INSURED Azure Ala Moana	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 24      **FORM TITLE:** Certificate of Property Insurance

Building Limits: (Building \$200,000,000 & BPP \$100,000)

Cause of Loss: Special Including Theft

Valuation: Replacement Cost and Agreed Value

Water Loss Deductible \$25,000

Earthquake Sprinkler Deductible \$10,000

Ordinance or Law Coverage B&C with A Combined Single Limit \$2,500,000

Coverage A: Coverage for Loss to the Undamaged Portion of the Building: Included in Building Limits

EVIDENCE OF MASTER POLICY ISSUED TO ASSOCIATION OF UNIT OWNERS OF AZURE ALA MOANA (1 BUILDING / 408 RESIDENTIAL UNITS / 1 COMMERCIAL UNIT (21,268 SQ. FT.)

WALLS/FIXTURES IN COVERAGE AS ORIGINALLY BUILT



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/16/2021

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**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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
Atlas Insurance Agency, Inc.		PHONE (A/C, No, Ext):	
201 Merchant Street		FAX (A/C, No): (808) 550-1155	
Suite 1100		E-MAIL ADDRESS: aoacert@atlasinsurance.com	
Honolulu HI 96813		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A: Allianz / Fireman's Fund	
		INSURER B: Travelers	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
<b>INSURED</b>		NAIC #	
Association of Unit Owners of Azure Ala Moana			
c/o Hawaiian Properties Ltd.			
P.O. Box 38078			
Honolulu HI 96837			

**COVERAGES**

CERTIFICATE NUMBER: 21-22 CCG33

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			USC028327210	09/15/2021	09/15/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> EXCESS LIAB						\$
	<input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED	RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
B	Crime - Fidelity			107508711	09/15/2021	09/15/2022	E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							Limit \$900,000
							Retention \$9,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

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

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