



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/26/2026

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).

<b>PRODUCER</b> JHC Services Inc dba John H Connors Insurance 444 Hana Hwy Ste D Kahului HI 96732-2315	<b>CONTACT NAME:</b> Lori V Salter <b>PHONE (A/C. No. Ext):</b> 808-442-7538 <b>E-MAIL ADDRESS:</b> lsalter@connorsmaui.com		<b>FAX (A/C. No):</b> 808-871-8191
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Kihei Shores AOA 737 Bishop Street ste. 3100 Honolulu HI 96813	<b>INSURER A :</b> First Fire&Casualty Ins of HI		<b>NAIC #</b> 41726
	<b>INSURER B :</b> Midvale Indemnity Company		
	<b>INSURER C :</b> Various		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
		<b>INSURER F :</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1598746883

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.

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CPP1000261747	4/30/2026	4/30/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CPP1000261747	4/30/2026	4/30/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			PRP229824000-01-3385222	4/30/2026	4/30/2027	EACH OCCURRENCE	\$ 25,000,000
							AGGREGATE	\$ 25,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Property Coverage			2026-9009101-01	4/30/2026	4/30/2027	Blanket Limits Deductible	84,477,720 25,000

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

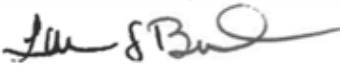
2747 S. Kihei Rd. Kihei, HI 96753

Property coverage - \$25,000 AOP Deductible; 3% Named Storms \$100,000 minimum. Total Replacement Cost; Agreed Value.

Bond coverage \$1,000 deductible - Property manager included

"This insurance contract is issued by an insurer which is not Licensed by the State of Hawaii, and is not subject to its regulation or examination. If the insurer is See Attached..."

**CERTIFICATE HOLDER****CANCELLATION**

Kihei Shores AOA 2747 S Kihei Road, Bldg K Kihei HI 96753	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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY JHC Services Inc dba John H Connors Insurance		NAMED INSURED Kihei Shores AOAO 737 Bishop Street ste. 3100 Honolulu HI 96813	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii."

JOHN H CONNORS INSURANCE (Surplus Line Broker, License #447718) 444 Hana Hwy Unit D, Kahului, HI 96732

(B) Property details:04/30/2026 to 04/30/2027 4 layers of Property shared coverage: Policy number 2026-9009101-01Underwriters at Lloyds \$20,000,000 primary limit; policy number FSX03000187-00 Golden Bear Insurance Company \$10,000,000 second layer; policy number UB251256A0371 Underwriters at Lloyds \$25,000,000 3rd layer and policy number 26XSP-0400 fourth layer \$29,477,720 (special form) 100% Blanket Replacement Cost/Agreed Value / "Walls in Coverage as original built specifications" / 3% windstorm or Hail deductible / \$25,000 Deductible on covered perils / /Ordinance or Law: \$500,000 / no inflation guard

Building A: \$10,636,450 -- 31 units Building F: \$7,782,500 -- 22 units  
Building B: \$8,632,800 -- 24 units Building G: \$3,102,550 -- 6 units  
Building C: \$9,973,700 -- 28 units Building H: \$10,827,300 -- 30 units  
Building D: \$5,028,650 -- 14 units Building I: \$3,102,550 -- 6 units  
Building E: \$13,826,450 -- 27 units Building J: \$10,568,800-- 29 units

(C) Travelers Insurance Company/ policy date 04/30/2026 to 04/30/2027  
Mechanical Breakdown limit: \$83,932,200 with a \$5,000 deductible

(D) Fidelity Bond: StarNet Insurance Company  
Policy Date: 04/30/26 to 04/30/27  
Policy #: QDR0002668-01/ Limits: \$125,000 / \$1,000 deductible  
Managing Agent is listed as an additional insured  
30 day cancellation notice