

CERTIFICATE OF INSURANCE

License Number: 305585

Entity Number: 200715

Submission Date/Time: 05/23/2018 13:09:22

TRANSACTION INFORMATION

PVL License Type and Number: CT 29680

Insured Name: TILE ACCENTS LLC

Transaction Type: CONT

Insurance Type: WC

Surety Name: HAWAII EMPLOYERS' MUTUAL INSUR

Policy Number: WC0011027

Policy Effective Date: 06/08/2018

Policy Expiration Date: 06/08/2019

Policy Cancellation Date:

Amount for each occurrence:

Additional Comments:

Authorized Representative: PHOEBE-CAROLINE KEKAUOHA

As the authorized representative, I certify that the policy of insurance submitted has 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 the submitted certificate may be issued or may pertain, the issuance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policies. Aggregate limits submitted may have been reduced by paid claims.

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to submit within 30 days notice to the certificate holder, but failure to do so shall impose no obligation or liability of any kind upon the insurer, it's agents or representatives.

CERTIFICATE HOLDER
Contractors Licensing Board
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
PO Box 3469
Honolulu, HI 96801-3469