



MUNEKIYO HIRAGA

Planning, Project Management, Sustainable Solutions

LAND USE COMMISSION
STATE OF HAWAII

2015 JUN 29 A 9:46

Michael T. Munekiyo

PRESIDENT

Karlynn K. Fukuda

EXECUTIVE VICE PRESIDENT

Mark Alexander Roy

VICE PRESIDENT

Tessa Munekiyo Ng

VICE PRESIDENT

Mitsuru "Mich" Hirano

SENIOR ADVISOR

TO: Bert Saruwatari, Planner
State Land Use Commission
P.O. Box 2359
Honolulu, Hawaii 96804-2359

DATE: June 24, 2015

SUBJECT: Hawaiian Cement Puunene Quarry
Expansion State Special Use
Permit (SP 92-380)

Enclosed is/are:

Copies	Date	Description
1	6/20/15	Hawaiian Cement Certificate of Insurance for State Special Use Permit for Puunene Quarry Expansion (SP 92-380)
1	8/2/12	Letter from State Historic Preservation Division, Approving Archaeological Assessment Report for Hawaiian Cement Puunene Quarry Expansion

For your information
For necessary action
For your review

For your files

For your use
As requested
For your signature
Returning

REMARKS: In accordance with Condition No.2 of the State Special Use Permit for the Hawaiian Cement Puunene Quarry (SP 92-380), please find attached for your review and files, a current certificate of insurance, naming the State of Hawaii as an additional insured. Also, in accordance with the new Condition No. 16 of said State Special Use Permit, please find attached the approval letter from the State Historic Preservation Division for the archaeological survey for the quarry expansion area.

Should you have any questions, please feel free to call me at 244-2015.

Signed:

Karlynn Fukuda
Executive Vice President

KF:yp

Copy to: Dave Gomes, Hawaiian Cement (w/out attachment)

K:\DATA\HawnCemtlPuuneneQuarry\SUP.COI.trans.doc



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/20/2015

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 Marsh USA Inc. 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400				CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):	
J43750-HAWAI-GAWX-15-16 2010 2037 Hawaii AI Y				INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED HAWAIIAN CEMENT 99-1300 HALAWA VALLEY STREET AIEA, HI 96701				INSURER A : Liberty Mutual Fire Ins Co		23035	
				INSURER B : Associated Electric & Gas Ins Services Ltd		3190004	
				INSURER C : Liberty Mutual Insurance Company		23043	
				INSURER D :			
				INSURER E :			
				INSURER F :			

COVERAGES CERTIFICATE NUMBER: CHI-005205314-43 **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/SUBR INSD/ 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"/> PER PROJECT AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		TB2-641-005097-045	01/01/2015	01/01/2016	EACH OCCURRENCE	\$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 4,000,000
						PRODUCTS - COMP/OP AGG	\$ 4,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		A12-641-005097-055	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$		XL5063404P	01/01/2015	01/01/2016	EACH OCCURRENCE	\$ 5,000,000
						AGGREGATE	\$ 5,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	WC2-641-005097-025 (Guar. Cost) WA7-64D-005097-015 (AOS) "INCLUDES *STOP-GAP*"	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						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)
Re: Puunene Quarry and the TMKs (TMK 3-8-004: 001 and 002; TMKs 3-8-008: 001 and 031)
The State of Hawaii is included as an additional insured as required by permits SP92-380 and SUP1 91/0013 as respects the General Liability and Auto Liability. Blanket Additional Insured for General Liability is included per attached CG 2010 and CG 2037 Endorsements and does not include professional liability coverage. Blanket Additional Insured for Automobile Liability is included per attached designated Insured Endorsement CA 20 48. Excess liability applies to general liability, products and completed operations, automobile liability, and employers liability.

CERTIFICATE HOLDER State of Hawaii Land Use Commission P.O. Box 2357 Honolulu, HI 96804-2359	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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Policy Number: AI2-641-005097-055
 Issued By: Liberty Mutual Fire Insurance Co.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO THIRD PARTIES

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE PART
- MOTOR CARRIER COVERAGE PART
- GARAGE COVERAGE PART
- TRUCKERS COVERAGE PART
- EXCESS AUTOMOBILE LIABILITY INDEMNITY COVERAGE PART
- SELF-INSURED TRUCKER EXCESS LIABILITY COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- EXCESS COMMERCIAL GENERAL LIABILITY COVERAGE PART
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART

Schedule		
Name of Other Person(s)/ Organization(s):	Email Address or mailing address:	Number Days Notice:
Per schedule of certificate holders on file with the Company	Per schedule of certificate holders on file with the Company	90

- A. If we cancel this policy for any reason other than nonpayment of premium, we will notify the persons or organizations shown in the Schedule above. We will send notice to the email or mailing address listed above at least 10 days, or the number of days listed above, if any, before the cancellation becomes effective. In no event does the notice to the third party exceed the notice to the first named insured.
- B. This advance notification of a pending cancellation of coverage is intended as a courtesy only. Our failure to provide such advance notification will not extend the policy cancellation date nor negate cancellation of the policy.

All other terms and conditions of this policy remain unchanged.

Dana D. Skutters

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

<p>Name Of Person(s) Or Organization(s):</p> <p>Any person or organization whom you have agreed in writing to add as an additional insured, but only to coverage and minimum limits of insurance required by the written agreement, and in no event to exceed either the scope of coverage or the limits of insurance provided in this policy.</p> <p>This policy will be primary and non-contributory to any like insurance available to the person or organization noted above.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I - Covered Autos Coverages of the Auto Dealers Coverage Form.

Dana D. Skutter

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any persons or organizations for whom you have agreed in writing, prior to an "occurrence" or "offense", to provide additional insured status.	All locations as required in writing and agreed to prior to an "occurrence" or offense.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

This endorsement is executed by the LIBERTY MUTUAL FIRE INSURANCE COMPANY

Premium \$

Effective Date

Expiration Date

For attachment to Policy No. TB2-641-005097-045

Audit Basis

Issued To

Countersigned by

Dana D. Spitters

Authorized Representative

Issued

Sales Office and No.

End. Serial No.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any persons or organizations for whom you have agreed in writing, prior to an "occurrence" or "offense", to provide additional insured status.	All locations as required in writing, and agreed to prior to an "occurrence" or offense.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

This endorsement is executed by the LIBERTY MUTUAL FIRE INSURANCE COMPANY

Premium \$

Effective Date

Expiration Date

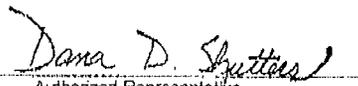
For attachment to Policy No.

TB2-641-005097-045

Audit Basis

Issued To

Countersigned by


Authorized Representative

Issued

Sales Office and No.

End. Serial No.

Policy Number **TB2-641-005097-045**
 Issued by **LIBERTY MUTUAL FIRE INSURANCE COMPANY**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO THIRD PARTIES

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE PART
- MOTOR CARRIER COVERAGE PART
- GARAGE COVERAGE PART
- TRUCKERS COVERAGE PART
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- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- EXCESS COMMERCIAL GENERAL LIABILITY COVERAGE PART
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- COMMERCIAL LIABILITY – UMBRELLA COVERAGE FORM

Schedule		
Name of Other Person(s) / Organization(s):	Email Address or mailing address:	Number Days Notice:
Per Schedule of certificate holders on file with the Company		90

- A. If we cancel this policy for any reason other than nonpayment of premium, we will notify the persons or organizations shown in the Schedule above. We will send notice to the email or mailing address listed above at least 10 days, or the number of days listed above, if any, before the cancellation becomes effective. In no event does the notice to the third party exceed the notice to the first named insured.
- B. This advance notification of a pending cancellation of coverage is intended as a courtesy only. Our failure to provide such advance notification will not extend the policy cancellation date nor negate cancellation of the policy.

All other terms and conditions of this policy remain unchanged.

Dana D. Shuttles

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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SCHEDULE

Name of Other Person(s) / Organization(s):	Email Address or mailing address:	Number Days Notice:
Per schedule of certificate holders on file with the company.		90

All other terms and conditions of this policy remain unchanged.

Issued by Liberty Insurance Corporation 21814

For attachment to Policy No. WA7-64D-005097-015 Effective Date 01/01/2015 Premium \$

Issued to



NOTICE OF CANCELLATION TO THIRD PARTIES

- A. If we cancel this policy for any reason other than nonpayment of premium, we will notify the persons or organizations shown in the Schedule below. We will send notice to the email or mailing address listed below at least 10 days, or the number of days listed below, if any, before cancellation becomes effective. In no event does the notice to the third party exceed the notice to the first named insured.
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Schedule

Name of Other Person(s) / Organization(s):	Email Address or mailing address:	Number Days Notice:
Per schedule of certificate holders on file with the company		90

All other terms and conditions of this policy remain unchanged.

Issued by Liberty Mutual Fire Insurance Company 16586

For attachment to Policy No. WC2-641-006097-025 Effective Date Premium \$

Issued to MDU Resources Group, Inc.

Dana D. Shuttles

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES

STATE HISTORIC PRESERVATION DIVISION
601 KAMOKILA BOULEVARD, ROOM 555
KAPOLEI, HAWAII 96707

WILLIAM J. AILA
CHAIRPERSON
BOARD OF LAND AND NATURAL RESOURCES
COMMISSION ON WATER RESOURCE MANAGEMENT

PAUL CONRY
INTERIM FIRST DEPUTY

WILLIAM M. TAM
DEPUTY DIRECTOR - WATER

AQUATIC RESOURCES
BOATING AND OCEAN RECREATION
BUREAU OF CONVEYANCES
COMMISSION ON WATER RESOURCE MANAGEMENT
CONSERVATION AND COASTAL LANDS
CONSERVATION AND RESOURCES ENFORCEMENT
ENGINEERING
FORESTRY AND WILDLIFE
HISTORIC PRESERVATION
KAHOOLAWE ISLAND RESERVE COMMISSION
LAND
STATE PARKS

August 8, 2012

Mr. Jeffrey Pantaleo, Principal Investigator
C/O Ms. Lisa Rutunno-Hazuka
Archaeological Services Hawai'i
Via Email: lisa@ashMaui.com

LOG NO: 2011.0298
LOG NO: 2011.0340
DOC NO: 1208JP01

Aloha Ms. Rotunno-Hazuka:

**SUBJECT: Chapter 6E-42 Historic Preservation Review-
Archaeological Assessment Report for the Hawaiian Cement Quarry Expansion Project
Pulehunui Ahupua'a, Wailuku District, Island of Maui
TMK (2) 3-8-004:001 (por.)**

Thank you for the opportunity to review the report titled *Draft Archaeological Assessment Report for Hawaiian Cement Quarry Expansion Located at TMK [2] 3-8-04:001 pars., Pulehunui Ahupua'a, Kula Moku, Wailuku District, Island of Maui* by Rotunno-Hazuka, Fuentes, O'Claray and Pantaleo (January 2011). The report was originally received on January 26, 2011. We apologize for the delayed response.

The archaeological survey with negative findings was conducted for the 24,476-acre proposed rock quarry expansion site. A surface investigation occurred along with twenty excavated mechanical backhoe test trenches. Over the years, the project area has been disturbed continuously by intensive agricultural propagation and rock mining. Approximately 9.5 acres are active sugarcane fields. No further archaeological work is recommended for the project area, we concur with this recommendation.

The report contains information as required for assessment reports, pursuant to Hawaii Administrative Rule (HAR) 13-284 and 13-276-5; it is accepted as final. We request that a few corrections to be included in the final report (see attachment). Please send one hardcopy of the corrected final document, clearly marked **FINAL**, along with a copy of this review letter and a text-searchable PDF version on CD to the Kapolei SHPD office, attention SHPD Library. Please send a corrected final report to the Maui SHPD office as well. For questions about this letter, please contact Jenny at (808) 243-5169 or Jenny.L.Pickett@Hawaii.gov.

Mahalo,

A handwritten signature in black ink, appearing to read "Theresa K. Donham".

Theresa K. Donham
Archaeology Branch Chief

cc: County of Maui, Planning fax: (808) 270-7634
County of Maui DSA fax: (808) 270-7972

ATTACHMENT

Requested corrections for: *Draft Archaeological Assessment Report for Hawaiian Cement Quarry Expansion Located at TMK [2] 3-8-04:001 pors., Pulehunui Ahupua'a, Kula Moku, Wailuku District, Island of Maui* by Rotunno-Hazuka, Fuentes, O'Claray and Pantaleo (January 2011).

Previous Archaeological Studies

- 1) Please add the recent Cultural Surveys Hawaii archaeological surveys (2007 etc) to the map (Figure 9) and to the previous archaeology background text.

Lab Work

- 2) Please edit this section to indicate nothing was identified, collected, or being curated.

Trench Descriptions

- 3) Please correct the associated trench Figures to correspond with the accurate text references.

Additional Comment

- 4) Please adjust the contents regarding archaeological recommendations for adjacent areas accordingly. In the final copy of the report, please adjust the associated contents accordingly. As we recently discussed in meeting regarding the project report, individual projects are usually treated separately so each project needs to be evaluated on a case-by-case basis. We hope to continue evaluating and providing recommendations regarding future proposed projects for the surrounding areas.

NOTICE OF CANCELLATION TO THIRD PARTIES

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Per schedule of certificate holders on file with the company		90

All other terms and conditions of this policy remain unchanged.

Issued by Liberty Mutual Fire Insurance Company 16586

For attachment to Policy No. WC2-641-006097-025 Effective Date Premium \$

Issued to MDU Resources Group, Inc.





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DATE (MM/DD/YYYY)
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PRODUCER Marsh USA Inc. 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400				CONTACT NAME: _____	
J43750-HAWAI-GAWX-15-16 2010 2037 Hawaii AI Y				PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____	
INSURED HAWAIIAN CEMENT 99-1300 HALAWA VALLEY STREET AIEA, HI 96701				E-MAIL ADDRESS: _____	
				INSURER(S) AFFORDING COVERAGE	
				NAIC #	
				INSURER A: Liberty Mutual Fire Ins Co 23035	
				INSURER B: Associated Electric & Gas Ins Services Ltd 3190004	
				INSURER C: Liberty Mutual Insurance Company 23043	
				INSURER D: _____	
				INSURER E: _____	
				INSURER F: _____	

COVERAGES **CERTIFICATE NUMBER:** CHI-005205314-43 **REVISION NUMBER:** _____

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							GENERAL AGGREGATE	\$ 4,000,000
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								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AI2-641-005097-055	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED \$ _____ RETENTION \$ _____			XL5063404P	01/01/2015	01/01/2016	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
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							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)
 Re: Puunene Quarry and the TMKs (TMK 3-8-004: 001 and 002, TMKs 3-8-008: 001 and 031)
 The State of Hawaii is included as an additional insured as required by permits SP92-380 and SUP1 91/0013 as respects the General Liability and Auto Liability. Blanket Additional Insured for General Liability is included per attached CG 2010 and CG 2037 Endorsements and does not include professional liability coverage. Blanket Additional Insured for Automobile Liability is included per attached designated Insured Endorsement CA 20 48. Excess liability applies to general liability, products and completed operations, automobile liability, and employers liability.

LAND USE COMMISSION
 STATE OF HAWAII
 2015 JUN 29 A 9 43

CERTIFICATE HOLDER State of Hawaii Land Use Commission P.O. Box 2357 Honolulu, HI 96804-2359	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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Policy Number: AI2-641-005097-055
 Issued By: Liberty Mutual Fire Insurance Co.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO THIRD PARTIES

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE PART
- MOTOR CARRIER COVERAGE PART
- GARAGE COVERAGE PART
- TRUCKERS COVERAGE PART
- EXCESS AUTOMOBILE LIABILITY INDEMNITY COVERAGE PART
- SELF-INSURED TRUCKER EXCESS LIABILITY COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- EXCESS COMMERCIAL GENERAL LIABILITY COVERAGE PART
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART

Schedule		
Name of Other Person(s)/ Organization(s);	Email Address or mailing address;	Number Days Notice;
Per schedule of certificate holders on file with the Company	Per schedule of certificate holders on file with the Company	90

- A. If we cancel this policy for any reason other than nonpayment of premium, we will notify the persons or organizations shown in the Schedule above. We will send notice to the email or mailing address listed above at least 10 days, or the number of days listed above, if any, before the cancellation becomes effective. In no event does the notice to the third party exceed the notice to the first named insured.
- B. This advance notification of a pending cancellation of coverage is intended as a courtesy only. Our failure to provide such advance notification will not extend the policy cancellation date nor negate cancellation of the policy.

All other terms and conditions of this policy remain unchanged.

Dana D. Skuttors

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

<p>Name Of Person(s) Or Organization(s):</p> <p>Any person or organization whom you have agreed in writing to add as an additional insured, but only to coverage and minimum limits of insurance required by the written agreement, and in no event to exceed either the scope of coverage or the limits of insurance provided in this policy.</p> <p>This policy will be primary and non-contributory to any like insurance available to the person or organization noted above.</p> <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>
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Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I - Covered Autos Coverages of the Auto Dealers Coverage Form.

Dana D. Squitieri

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any persons or organizations for whom you have agreed in writing, prior to an "occurrence" or "offense", to provide additional insured status.	All locations as required in writing and agreed to prior to an "occurrence" or offense.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

This endorsement is executed by the LIBERTY MUTUAL FIRE INSURANCE COMPANY

Premium \$

Effective Date

Expiration Date

For attachment to Policy No. TB2-641-005097-045

Audit Basis

Issued To

Countersigned by

Dana D. Spitzer

Authorized Representative

Issued

Sales Office and No.

End. Serial No.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any persons or organizations for whom you have agreed in writing, prior to an "occurrence" or "offense", to provide additional insured status.	All locations as required in writing, and agreed to prior to an "occurrence" or offense.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

This endorsement is executed by the LIBERTY MUTUAL FIRE INSURANCE COMPANY

Premium \$

Effective Date

Expiration Date

For attachment to Policy No.

TB2-641-005097-045

Audit Basis

Issued To

Countersigned by


Authorized Representative

Issued

Sales Office and No.

End. Serial No.

Policy Number TB2-641-005097-045

Issued by LIBERTY MUTUAL FIRE INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO THIRD PARTIES

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE PART
- MOTOR CARRIER COVERAGE PART
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- TRUCKERS COVERAGE PART
- EXCESS AUTOMOBILE LIABILITY INDEMNITY COVERAGE PART
- SELF-INSURED TRUCKER EXCESS LIABILITY COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- EXCESS COMMERCIAL GENERAL LIABILITY COVERAGE PART
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- COMMERCIAL LIABILITY – UMBRELLA COVERAGE FORM

Schedule		
Name of Other Person(s) / Organization(s):	Email Address or mailing address:	Number Days Notice:
Per Schedule of certificate holders on file with the Company		90

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All other terms and conditions of this policy remain unchanged.

Dana D. Spitters

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NOTICE OF CANCELLATION TO THIRD PARTIES

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SCHEDULE

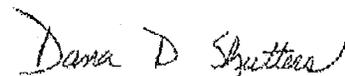
Name of Other Person(s) / Organization(s):	Email Address or mailing address:	Number Days Notice:
Per schedule of certificate holders on file with the company.		90

All other terms and conditions of this policy remain unchanged.

Issued by Liberty Insurance Corporation 21814

For attachment to Policy No. WA7-64D-005097-015 Effective Date 01/01/2015 Premium \$

Issued to



0000002

SP

0286

-C02-P00002-1

State of Hawaii
Land Use Commission
P.O. Box 2357
Honolulu, HI 96804-2359

