

DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
SPECIAL USE PERMIT

1. Location or Building: Capitol Building, Rotunda surrounding area
2. Date Requested: 7/06/10 Time: 6:00am to 6:00pm
3. Group Requesting Permit: Equality Hawaii
4. Name of Responsible Person: Don Bentz
 - a. Title: Treasurer
 - a. Address: Post Office Box 11444, Honolulu, HI 96828
 - b. Telephone/Cell No.: 221-0799
 - c. Fax No.: _____ E-Mail Address: don@equalityhawaii.org
5. Purpose of Gathering: Mahalo Rally, or "Support Civil Rights" Rally
6. Kind of Activity Planned (attach additional sheets, if necessary): Sign waving, rally, public speakers
(not sure yet)
7. Support Equipment Provided by Permittee (sound systems, signs, tables, etc.): Signs, banners, sound system
and extension cords (if necessary)
8. Area to be Used: Capitol Rotunda and areas around Damien and Queen Statues, public side walk for
sign waving,
9. Approximate Number of People Participating: 100-400

PERMIT PROVISIONS

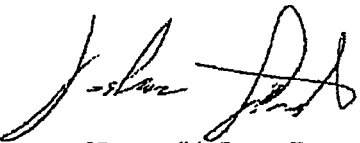
1. PERMITTEE AND/OR PARTICIPANTS SHALL NOT BAR THE PUBLIC FROM ANY ACTIVITY APPROVED BY THIS PERMIT.
2. PERMITTEE SHALL NOT STATE, IMPLY OR OTHERWISE SUGGEST THAT ANY ACTIVITY APPROVED UNDER THIS SPECIAL USE PERMIT IS SANCTIONED OR ENDORSED BY THE STATE OF HAWAII.
3. PERMITTEE SHALL PROVIDE ALL NECESSARY SUPPORT EQUIPMENT AND PERSONNEL RELATED TO THE ACTIVITY APPROVED UNDER THIS SPECIAL USE PERMIT.
4. SOLICITATION, INCLUDING THE SALE OF GOODS AND SERVICES, IS PROHIBITED.
5. PERMITTEE ASSURES THE STATE OF HAWAII THAT ALL ACTIVITIES SHALL BE IN FULL COMPLIANCE WITH THE LAWS, RULES AND REGULATIONS OF THE STATE OF HAWAII AND THE COUNTY.
6. PERMITTEE AND/OR PARTICIPANTS SHALL NOT ATTACH SIGNS OR POSTERS TO ANY PART OF THE BUILDING WITHOUT WRITTEN AUTHORIZATION OF THE DEPARTMENT.
7. PERMITTEE AND/OR PARTICIPANTS SHALL NOT PREPARE FOOD AND OTHER REFRESHMENTS IN ANY FACILITY UNDER THE JURISDICTION OF THE DEPARTMENT. OPEN FIRES OF ANY KIND ARE PROHIBITED.
8. PERMITTEE AND/OR PARTICIPANTS SHALL NOT ENGAGE IN ANY ACTIONS OR CONDUCT WHICH DESTROY OR DAMAGE ANY FACILITY, INCLUDING BUT NOT LIMITED TO, IMPROPERLY DISPOSING OF RUBBISH, CAUSING FILTH, CREATING HAZARDS TO PERSONS, THROWING ARTICLES, CLIMBING THE FACILITY, WRITING GRAFFITI, AND REMOVING PROPERTY OF THE STATE OF HAWAII.
9. PERMITTEE AND/OR PARTICIPANTS SHALL COMPLY WITH ALL OFFICIAL SIGNS, AND DURING EMERGENCIES COMPLY WITH ALL INSTRUCTIONS OF AUTHORIZED PERSONNEL.
10. PERMITTEE AND/OR PARTICIPANTS SHALL NOT ENGAGE IN ANY CONDUCT WHICH IMPEDES OR DISTURBS EMPLOYEES OF THE STATE OF HAWAII IN THE PERFORMANCE OF THEIR DUTIES, OR THE GENERAL PUBLIC FROM OBTAINING THE PUBLIC SERVICES AVAILABLE IN OR ON THE FACILITY. SUCH PROHIBITED CONDUCT INCLUDES, BUT SHALL NOT BE LIMITED TO, CREATION OF LOUD OR UNUSUAL NOISES, AND OBSTRUCTION OF PEDESTRIANS OR VEHICLES, ENTRANCES, FOYERS, CORRIDORS, OFFICES, ELEVATORS, OR STAIRWAYS, AND VERBAL OR PHYSICAL HARASSMENT OF EMPLOYEES OR VISITORS OF THE FACILITY. ANY ACTIVITY WHICH PRESENTS A CLEAR AND PRESENT DANGER TO THE PUBLIC HEALTH AND SAFETY IS PROHIBITED.
 - a. DURING LEGISLATIVE SESSION (JANUARY THROUGH MAY) AT THE STATE CAPITOL, SOUND SYSTEMS, MUSIC OR ANY OTHER ACTIVITY THAT MAY BE CONSIDERED DISRUPTIVE TO THE CONDUCT OF THE BUSINESS OF THE LEGISLATURE WHENEVER THE LEGISLATURE IS IN SESSION IN EITHER OR BOTH CHAMBERS (9:00 A.M. TO 1:00 PM) SHALL NOT BE ALLOWED.
11. PERMITTEE AND/OR PARTICIPANTS SHALL NOT USE, POSSESS, OR SELL ANY ALCOHOL OR ILLEGAL DRUGS. ANY PERSON WHO IS UNDER THE INFLUENCE OF ALCOHOL OR DRUGS TO SUCH A DEGREE THAT THE PERSON PRESENTS A DANGER TO HIMSELF OR TO OTHERS IS PROHIBITED FROM ENTERING OR REMAINING IN OR ON THE FACILITY.
12. PERMITTEE AND/OR PARTICIPANTS SHALL NOT CARRY ANY FIREARMS OR OTHER DANGEROUS WEAPONS OR EXPLOSIVES, EXCEPT AS PERMITTED BY LAW.
13. PERMITTEE AND/OR PARTICIPANTS SHALL NOT INSTALL ANY MEMORIAL, MONUMENT OR OTHER COMMEMORATIVE PIECE.

- 14. PERMITTEE AND/OR PARTICIPANTS SHALL NOT INSTALL ANY TEMPORARY STRUCTURE, SHELTER OR SLEEPING ACCOMMODATION, WITHOUT PRIOR AUTHORIZATION FROM THE DEPARTMENT.
- 15. INSURANCE IS REQUIRED FOR USE OF STATE FACILITIES AND GROUNDS IN ACCORDANCE WITH COMPTROLLER'S MEMORANDUM 2010-08.
- 16. PERMITTEE SHALL DISPLAY A COPY OF THIS PERMIT IN PLAIN VIEW DURING THE ACTIVITY AT THE PERMITTED LOCATION.

THE UNDERSIGNED INDIVIDUAL(S), GROUP(S) AND/OR ORGANIZATION(S), HIS OR THEIR HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS, OR ITS OFFICERS, DIRECTORS, MEMBERS, AGENTS, EMPLOYEES, SUCCESSORS AND ASSIGNS, FOR AND IN CONSIDERATION OF THE STATE OF HAWAII PERMITTING AND ALLOWING THE USE OF THE DESIGNATED ROOMS, BUILDINGS AND/OR FACILITIES JOINTLY OR SEVERALLY AGREE(S) TO INDEMNIFY, HOLD HARMLESS AND DEFEND THE STATE OF HAWAII, THEIR OFFICERS, EMPLOYEES, AND AGENTS FROM AND AGAINST ALL LIABILITY, LOSS, DAMAGE, COST AND EXPENSE, INCLUDING ALL ATTORNEYS' FEES, AND ALL CLAIMS, SUITS, AND DEMANDS THEREFORE, ARISING OUT OF OR RESULTING FROM THE ACTS OR OMISSIONS OF THE UNDERSIGNED IN THE USE OF THE DESIGNATED ROOMS, BUILDINGS AND/OR FACILITIES.

PERMITTEE WAIVES ANY CAUSE OF ACTION AGAINST THE STATE OF HAWAII FOR ANY INJURIES OR DAMAGES ARISING FROM THE USE OF THE STATE FACILITY OR GROUNDS AUTHORIZED BY THIS PERMIT AND RELEASES THE STATE OF HAWAII FROM ANY LIABILITY ARISING FROM THE SAME.

THE UNDERSIGNED INDIVIDUAL(S), GROUP(S) AND/OR ORGANIZATION(S) CERTIFY THAT THE INFORMATION PROVIDED IN THIS SPECIAL USE PERMIT APPLICATION IS TO THE BEST OF THEIR KNOWLEDGE TRUE AND CORRECT, AND THAT THEY HAVE READ AND AGREE TO THE SPECIAL PROVISIONS LISTED ABOVE.

Signed: 
Signature of Responsible Person/Requestor

For Office Use Only:

Request Approved :

Request Disapproved :



State Comptroller
(or Authorized Representative)

- cc: Governor
Lt. Governor
Senate Sgt. at Arms
House Sgt. at Arms
State Security
Automotive Management Division
Office of Information Practices
Central Services Division


ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID DANA EQUAL-1	DATE (MM/DD/YYYY) 06/23/10
PRODUCER Monarch Insurance Services Inc P.O. Box 3050 Honolulu HI 96802 Phone: 808-537-2564 Fax: 808-521-2832		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Equality Hawaii P.O. Box 11444 Honolulu HI 96828		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A Nautilus Insurance Co.	
		INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	NN029865 "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 found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii."	07/06/10	07/07/10	EACH OCCURRENCE \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/POP AGG \$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TRIAD INSURANCE AGENCY, INC. (Surplus Lines Broker License #107875) P.O. Box 135031, Honolulu, Hawaii 96801-5031			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 The Certificate Holder is named as Additional Insured with respects to the operations of the Named Insured to the extent the policy provides coverage,

CERTIFICATE HOLDER State of Hawaii Central Services Division James Hisano 729 Kakoi Street Honolulu HI 96819	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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