STATE FISCAL ACCOUNTABILITY AUTHORITY

INSURANCE RESERVE FUND
POST OFFICE BOX 11066
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0020

POLICY NUMBER	POLICY PERIOD FROM	TO	TYPE OF INSURANCE	DATE PRINTED
T130265126	07/01/2025	07/01/2026	GENERAL TORT LIABILITY	19 JUN 2025

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
CD-01 CD-10 CD-12 CD-25 CD-47 CD-48

NAMED INSURED AND ADDRESS	CONTACT PERSON AND PHONE	FORM #	PAGE
HORRY-GEORGETOWN TECHNICAL COLLEGE POST OFFICE BOX 261966 CONWAY, SC 29528-6066	DIANNA L CECALA (843)349-5207	CD-12	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY #: 036

EFFECTIVE DATE - 07/01/2025

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0048

BLUEBIRD HEALTHCARE, INC. DBA
OAK VIEW HEALTH & REHAB
3300 4TH AVE
CONWAY SC 29527-0000

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 LISTED BELOW.

THIS IS TO CERTIFY THAT A POLICY HAS BEEN ISSUED TO THE ABOVE NAMED INSURED AND IS IN FORCE AT THIS TIME. 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 THIS POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THIS POLICY.

POLICY EXCLUDES ALL CONTRACTUAL LIABILITY.

CANCELLATION: SHOULD THIS POLICY BE CANCELLED BEFORE EXPIRATION DATE THEREOF THE INSURANCE RESERVE FUND WILL ENDEAVOR TO PROVIDE 30 DAYS WRITTEN NOTICE TO ABOVE NAMED CERTIFICATE HOLDER, BUT FAILURE TO PROVIDE SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY.

COVERAGE PROVIDED FOR:	LIMIT OF LIABILITY
THE ABOVE NAMED INSURED, ITS EMPLOYEES AND/OR VOLUNTEER EMPLOYEES	$600,000 PER OCCURRENCE

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY T130265126

JUNE 18, 2025
DATE

Anne Macon Smith
ANNE MACON SMITH
Director