STATE FISCAL ACCOUNTABILITY AUTHORITY

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

Phone: (803) 737-0020

POLICY NUMBER

POLICY PERIOD

TYPE OF INSURANCE

DATE PRINTED

T130265125

FROM

07/01/2024 07/01/2025 GENERAL TORT LIABILITY

26 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 HORRY-GEORGETOWN TECHNICAL COLLEGE POST OFFICE BOX 261966

CONWAY. SC 29528-6066

CONTACT PERSON AND PHONE DIANNA L CECALA

FORM # CD-12

PAGE 1 OF 1

(843)349-5207

TYPE OF ACTIVITY

ACTIVITY #

ENDORSEMENT CERTIFICATE OF INSURANCE

047

EFFECTIVE DATE - 06/25/2025

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0060

MULLINS VETERINARY HOSPITAL 7231 OLD NICHOLS HWY MULLINS SC 29574-0000

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 T130265125

JUNE 25, 2025

DATE

ANNE MACON SMITH

Director