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
T130265127	07/01/2026	07/01/2027	GENERAL TORT LIABILITY	05 JUN 2026

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 # 002

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0023

CITY OF MYRTLE BEACH
PO BOX 2468
MYRTLE BEACH SC 29578-0000

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.

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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 T130265127

JUNE 4, 2026
DATE

Anne Macon Smith
ANNE MACON SMITH
Director

STATE FISCAL ACCOUNTABILITY AUTHORITY

INSURANCE RESERVE FUND
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COLUMBIA, SOUTH CAROLINA 29211
Phone: (803) 737-0020

POLICY NUMBER	POLICY PERIOD FROM	TO	TYPE OF INSURANCE	DATE PRINTED
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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 # 003

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0003

COASTAL CAROLINA UNIVERSITY
PO BOX 261954
CONWAY SC 29526-0000

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.

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JUNE 4, 2026
DATE

Anne Macon Smith
ANNE MACON SMITH
Director

STATE FISCAL ACCOUNTABILITY AUTHORITY

INSURANCE RESERVE FUND
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POLICY NUMBER	POLICY PERIOD FROM	TO	TYPE OF INSURANCE	DATE PRINTED
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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 #: 004

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0016

MYRTLE BEACH CONVENTION CENTER
2101 N OAK STREET
MYRTLE BEACH SC 29577-0000

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.

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JUNE 4, 2026
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Anne Macon Smith
ANNE MACON SMITH
Director

STATE FISCAL ACCOUNTABILITY AUTHORITY

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POLICY NUMBER	POLICY PERIOD FROM	TO	TYPE OF INSURANCE	DATE PRINTED
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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 # 005

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0007

MYRTLE BEACH HIGH SCHOOL
3300 CENTRAL PARKWAY
MYRTLE BEACH SC 29577-0000

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DATE

Anne Macon Smith
ANNE MACON SMITH
Director

STATE FISCAL ACCOUNTABILITY AUTHORITY

INSURANCE RESERVE FUND
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POLICY NUMBER	POLICY PERIOD FROM	TO	TYPE OF INSURANCE	DATE PRINTED
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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 # 006

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0006

HONEYWELL
4401 ST. ANDREWS ROAD
COLUMBIA SC 29281-0000

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.

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Director

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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 # 007

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0004

GEORGETOWN COUNTY WATER
AND SEWER DISTRICT
PO BOX 2748
GEORGETOWN SC 29442-0000

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.

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DATE

Anne Macon Smith
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Director

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INSURANCE RESERVE FUND
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POLICY NUMBER	POLICY PERIOD FROM	TO	TYPE OF INSURANCE	DATE PRINTED
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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 # 008

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0010

PEARSON VUE
5601 GREEN VALLEY DRIVE
BLOOMINGTON MN 55436-0000

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DATE

Anne Macon Smith
ANNE MACON SMITH
Director

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COLUMBIA, SOUTH CAROLINA 29211
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POLICY NUMBER	POLICY PERIOD FROM	TO	TYPE OF INSURANCE	DATE PRINTED
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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 # 009

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0002

CAROLINAS HEALTHCARE SYSTEM
CORPORATE RISK MANAGEMENT
PO BOX 32861
CHARLOTTE NC 28232-0000

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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 # 010

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0005

GEORGETOWN MEMORIAL HOSPITAL
SYSTEM
606 BLACK RIVER RD
GEORGETOWN SC 29440-0000

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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 # 011

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0012

WILLIAMSBURG REGIONAL HOSPITAL
PO BOX 568
KINGSTREE SC 29566-0000

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 012

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0009

NUCOR STEEL
300 STEEL MILL ROAD
DARLINGTON SC 29540-0000

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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
T130265127	07/01/2026	07/01/2027	GENERAL TORT LIABILITY	05 JUN 2026

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 # 013

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0017

KINGSTON LAKE EDUCATION AND
BUSINESS CENTER
3410 CHURCH ST
LORIS SC 29569-0000

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.

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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 T130265127

JUNE 4, 2026
DATE

Anne Macon Smith
ANNE MACON SMITH
Director

STATE FISCAL ACCOUNTABILITY AUTHORITY

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POLICY NUMBER	POLICY PERIOD FROM	TO	TYPE OF INSURANCE	DATE PRINTED
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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 #: 014

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0020

OWENS STEEL
808 SEABOARD ST
MYRTLE BEACH SC 29577-0000

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.

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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 #: 015

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0033

MCLEOD HEALTH
PO BOX 100551
FLORENCE SC 29502-0000

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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 # 016

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0025

SEASIDE ANIMAL CARE
9256 BEACH DR HWY 179
CALABASH NC 28467-0000

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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 # 017

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0026

HORRY COUNTY POLICE DEPARTMENT
ML BROWN PUBLIC SAFETY BLDING
2560 MAIN STREET STE 7
CONWAY SC 29526-0000

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 018

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0027

ENVIROSEP FLUID & HEAT
RECOVERY SYSTEMS
31 AVIATION BLVD
GEORGETOWN SC 29440-0000

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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 # 019

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0042

HORRY COUNTY RISK MANAGEMENT
PO BOX 997
CONWAY SC 29528-0000

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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 # 020

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0030

GEORGETOWN COUNTY RECREATION &
COMMUNITY SERVICES
2030 CHURCH ST
GEORGETOWN SC 29440-0000

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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 # 021

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0032

SOUTH CAROLINA BAR
CLE DIVISION
1501 PARK STREET
COLUMBIA SC 29202-0000

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 022

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0035

LORIS CHAMBER OF COMMERCE
PO BOX 356
LORIS SC 29569-0000

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 023

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0038

PRESIDIO TECHNOLOGY CAPITAL
TWO SUN COURT
NORCROSS GA 30092-0000

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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
T130265127	07/01/2026	07/01/2027	GENERAL TORT LIABILITY	05 JUN 2026

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 # 024

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0034

COASTAL ADAPTIVE SPORTS
618 RIDGE DR
MYRTLE BEACH SC 29588-0000

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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 T130265127

JUNE 4, 2026
DATE

Anne Macon Smith
ANNE MACON SMITH
Director

STATE FISCAL ACCOUNTABILITY AUTHORITY

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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 #: 025

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0036

APRIA HEALTHCARE LLC
26220 ENTERPRISE CT
LAKE FOREST CA 92630-0000

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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 # 026

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0041

GRAND STRAND MEDICAL CENTER
809 82ND PARKWAY
MYRTLE BEACH SC 29572-0000

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 027

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0037

RYDER SYSTEM INC
6000 WINDWARD PARKWAY
ALPHARETTA GA 30005-0000

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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 # 028

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0047

PRUITT HEALTH - CONWAY
2379 CYPRESS CIRCLE
CONWAY SC 29526-0000

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