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 # 029

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0039

GEORGETOWN COUNTY SCHOOL DISTR
2018 CHURCH STREET
GEORGETOWN SC 29440-0000

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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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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 030

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0040

PRESIDIO TECHNOLOGY CAPITAL,
LLC C/O ALI, DEPARTMENT E53
707 TEXAS AVE, SUITE 200D
COLLEGE STATION TX 77840-0000

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 031

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0043

COASTAL CAROLINA YMCA
5000 CLRE CHAPIN EPPS DR
MYRTLE BEACH SC 29577-0000

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 032

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0045

STVT-AAI EDUCATION INC DBA
ANCORA CORPORATE TRAINING
2241 S WATSON RD STE 118
ARLINGTON TX 76010-0000

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 033

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0044

HORRY COUNTY GOVERNMENT
100 ELM STREET
CONWAY SC 29526-0000

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY #: 034

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0046

LITTLE RIVER CHAMBER OF
COMMERCE
440 SC-90 E STE 1
LITTLE RIVER SC 29566-0000

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 035

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0055

WORLD FOOD CHAMPIONSHIPS
HOLDINGS LLC
92 ISLAND DRIVE S
OCEAN RIDGE FL 33435-0000

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TYPE OF ACTIVITY	ACTIVITY #
ENDORSEMENT CERTIFICATE OF INSURANCE	036

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0048

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

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 037

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0049

CAROLINA HEALTHCARE LLC DBA/
COMPASS POST ACUTE REHAB
2320 HWY 378
CONWAY SC 29527-0000

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 038

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0050

GENESIS ELDERCARE REHABILITATI
SERVICES, LLC D/B/A POWERBACK
101 EAST STATE STREET
KENNETT SQUARE PA 19348-0000

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	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 039

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0051

CORA NORTH MYRTLE BEACH
536 HIGHWAY 17 N
N. MYRTLE BEACH SC 29582-0000

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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
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 # 040

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0052

CORA GEORGETOWN
2199 N FRASER ST
GEORGETOWN SC 29440-0000

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.

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JUNE 4, 2026
DATE

Anne Macon Smith
ANNE MACON SMITH
Director

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 # 041

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0053

THE MARKET COMMON
4017 DEVILLE 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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JUNE 4, 2026
DATE

Anne Macon Smith
ANNE MACON SMITH
Director

STATE FISCAL ACCOUNTABILITY AUTHORITY

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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

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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 #: 042

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0054

BEI BEACH LLC & HOMEFED LLC
DBA HOMEFED CORPORATION
4017 DEVILLE 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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Anne Macon Smith
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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 #: 043

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0056

YAMAHA MOTOR CORPORATION,
U.S.A
1270 CHASTAIN RD
KENNESAW GA 30144-0000

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
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 # 044

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0057

RIVER OAKS ANIMAL HOSPITAL
974 INTERNATIONAL DR
MYRTLE BEACH SC 29579-0000

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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 #: 045

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0058

KIND CARE ANIMAL HOSPITAL
3357 HWY 9 E
LITTLE RIVER SC 29566-0000

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
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

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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 # 046

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0059

SAINT FRANCIS ANIMAL HOSPITAL
1384 HWY 17
LITTLE RIVER SC 29566-0000

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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 # 047

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0060

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

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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 # 048

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0061

PET DOCTOR
2321 DICK POND RD
MYRTLE BEACH SC 29575-0000

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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 # 049

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0062

GEORGETOWN ANIMAL CLINIC
215 DOZIER ST
GEORGETOWN SC 29440-0000

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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 #: 050

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0063

LORIS ANIMAL HOSPITAL
143 SUGGS 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

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 # 051

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0064

WINDSOR ANIMAL HOSPITAL
321 N BELTLINE DR
FLORENCE SC 29501-0000

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 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 # 052

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0065

CONWAY POLICE DEPARTMENT
1600 9TH AVENUE
CONWAY SC 29526-0000

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JUNE 4, 2026
DATE

Anne Macon Smith
ANNE MACON SMITH
Director

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

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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 # 053

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0066

PEDIATRIC DEVELOPMENTAL
THERAPY
PO BOX 87294
FAYETTEVILLE NC 28304-0000

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