



# STATE FISCAL ACCOUNTABILITY AUTHORITY

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

Phone: (803) 737-0020

| POLICY NUMBER | FROM       | POLICY PERIOD 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<br>TECHNICAL COLLEGE<br>POST OFFICE BOX 261966<br>CONWAY, SC 29528-6066 | DIANNA L CECALA<br>(843)349-5207     | CD-12  | 1 OF 1     |
|                                                                                          | TYPE OF ACTIVITY                     |        | ACTIVITY # |
|                                                                                          | ENDORSEMENT CERTIFICATE OF INSURANCE |        | 011        |

EFFECTIVE DATE - 07/01/2026

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0012

WILLIAMSBURG REGIONAL HOSPITAL  
PO BOX 568  
KINGSTREE 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.

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<br>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  
Director