



STATE FISCAL ACCOUNTABILITY AUTHORITY

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

Phone: (803) 737-0020

POLICY NUMBER P130265126	POLICY PERIOD FROM 07/01/2025 TO 07/01/2026	TYPE OF INSURANCE MEDICAL PROFESSIONAL LIABILITY	DATE PRINTED 19 JUN 2025
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COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
MD-36 MD-38

NAMED INSURED AND ADDRESS HORRY-GEORGETOWN TECHNICAL COLLEGE POST OFFICE BOX 261966 CONWAY, SC 29528-6066	CONTACT PERSON AND PHONE DIANNA L CECALA (843)349-5207	FORM # MD-38	PAGE 1 OF 1
	TYPE OF ACTIVITY ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 011

EFFECTIVE DATE - 07/01/2025 COVERAGE - 300K/600K/1.2M PER OCCUR/NO AGGREGA

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0010

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.

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
NON-PHYSICIAN EMPLOYEES	\$300K/600K/1.2M
PHYSICIAN EMPLOYEES	
STUDENTS/INSTRUCTORS	

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY P130265126

JUNE 18, 2025

DATE

ANNE MACON SMITH
Director