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
P130265127	07/01/2026	07/01/2027	MEDICAL PROFESSIONAL LIABILITY	05 JUN 2026

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
MD-36 MD-38

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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 002

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0001

SC VOCATIONAL REHABILITATION
1410 BOSTON AVE
WEST COLUMBIA SC 29170-0000

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COVERAGE PROVIDED FOR:	LIMIT OF LIABILITY
NON-PHYSICIAN EMPLOYEES STUDENTS/INSTRUCTORS	$300K/600K

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY P130265127

JUNE 4, 2026
DATE

Anne Macon Smith
ANNE MACON SMITH
Director

STATE FISCAL ACCOUNTABILITY AUTHORITY

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MD-36 MD-38

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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 003

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0002

OUR LADY STAR OF THE SEA
CATHOLIC CHURCH
1100 8TH AVE N
N. MYRTLE BEACH SC 29582-0000

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COVERAGE PROVIDED FOR:	LIMIT OF LIABILITY
NON-PHYSICIAN EMPLOYEES STUDENTS/INSTRUCTORS	$300K/600K

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY P130265127

JUNE 4, 2026
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Anne Macon Smith
ANNE MACON SMITH
Director

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MD-36 MD-38

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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY #: 004

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0003

MCLEOD REGIONAL MEDICAL CENTER
OF THE PEE DEE, INC
PO BOX 100551
FLORENCE SC 29502-0000

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COVERAGE PROVIDED FOR:	LIMIT OF LIABILITY
NON-PHYSICIAN EMPLOYEES STUDENTS/INSTRUCTORS	$300K/600K

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HORRY-GEORGETOWN TECHNICAL COLLEGE POST OFFICE BOX 261966 CONWAY, SC 29528-6066	DIANNA L CECALA (843)349-5207	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 005

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0004

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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY #: 006

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0005

TIDELANDS HEALTH
4367 RIVERWOOD DR STE 230
MURRELLS INLET SC 29576-0000

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COVERAGE PROVIDED FOR:	LIMIT OF LIABILITY
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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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY #: 007

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0006

LIGHTHOUSE BEHAVIORAL HEALTH
HOSPITAL
152 WACCAMAW MED PRK DR
CONWAY SC 29526-0000

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COVERAGE PROVIDED FOR:	LIMIT OF LIABILITY
NON-PHYSICIAN EMPLOYEES STUDENTS/INSTRUCTORS	$300K/600K

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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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY #: 008

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0007

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

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COVERAGE PROVIDED FOR:	LIMIT OF LIABILITY
NON-PHYSICIAN EMPLOYEES STUDENTS/INSTRUCTORS	$300K/600K

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Anne Macon Smith
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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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY #: 009

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0008

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

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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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY #: 010

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0009

POWERBACK REHABILITATION
101 E STATE ST
KENNETT SQUARE PA 19348-0000

Attn: BUSINESS DEVELOPMENT

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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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 011

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0010

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 # 012

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0011

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

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COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
MD-36 MD-38

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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY #: 013

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0012

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

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 STUDENTS/INSTRUCTORS	$300K/600K

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY P130265127

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
P130265127	07/01/2026	07/01/2027	MEDICAL PROFESSIONAL LIABILITY	05 JUN 2026

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
MD-36 MD-38

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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY #: 014

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0013

CORA GEORGETOWN
2199 N FRASER ST
GEORGETOWN SC 29440-0000

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COVERAGE PROVIDED FOR:	LIMIT OF LIABILITY
NON-PHYSICIAN EMPLOYEES STUDENTS/INSTRUCTORS	$300K/600K

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY P130265127

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
P130265127	07/01/2026	07/01/2027	MEDICAL PROFESSIONAL LIABILITY	05 JUN 2026

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
MD-36 MD-38

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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY #: 015

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0014

SELECT MEDICAL CORPORATION
PO BOX 2034
MECHANICSBURG PA 17055-0000

Attn: VP & SENIOR COUNSEL, OPERATION

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COVERAGE PROVIDED FOR:	LIMIT OF LIABILITY
NON-PHYSICIAN EMPLOYEES STUDENTS/INSTRUCTORS	$300K/600K

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY P130265127

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
P130265127	07/01/2026	07/01/2027	MEDICAL PROFESSIONAL LIABILITY	05 JUN 2026

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
MD-36 MD-38

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	MD-38	1 OF 1
	TYPE OF ACTIVITY: ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY #: 016

EFFECTIVE DATE - 07/01/2026 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0015

PEDIATRIC DEVELOPMENTAL
THERAPY
PO BOX 87294
FAYETTEVILLE NC 28304-0000

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
NON-PHYSICIAN EMPLOYEES STUDENTS/INSTRUCTORS	$300K/600K

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY P130265127

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		12 OF 12
	TYPE OF ACTIVITY *** RENEWAL DECLARATION ***		ACTIVITY # 001

EFFECTIVE 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

NUMBER OF PERSONS	RATE PER PERSON	PREMIUM	PERSONNEL CLASSIFICATION
54	941.00	50,814.00	- DIRECTORS, EXEC, MANAGERS
17	2102.0	35,734.00	- MAINTENANCE PERSONNEL
90	35.00	3,150.00	- CLERICAL PERSONNEL
448	164.00	73,472.00	- OTHERS
		163,170.00	- TOTAL PREMIUM

COVERAGE

LIMIT OF LIABILITY - $600,000 PER OCCURRENCE

PREPAID LEGAL DEFENSE COSTS COVERAGE

BASIC	15,000.00
OPTIONAL	.00
TOTAL	15,000.00