

KEYSTONE HEIGHTS JR./SR. HIGH SCHOOL

'An Equal Opportunity Employer'

DR. SUSAN H. SAILOR
PRINCIPAL

ROY S. SHEWCHUK
ASST. PRINCIPAL



JANIE K. PHILLIPS
VICE-PRINCIPAL

JUSTIN L. WILLIAMS
ASST. PRINCIPAL

August 14, 2007

David Owens, Superintendent
Superintendent's Office
900 Walnut Street
Green Cove Springs, FL 32043

Dear Mr. Owens:

The Keystone Heights High School Homecoming Committee, under the sponsorship of Keystone Heights High School Vice Principal, Janie Phillips, would like permission to have a fireworks finale at the end of Pow Wow on Thursday night, October 25, during Homecoming week.

I understand the company must provide a certificate of insurance. The company we would like to contract with, Sky Lighters of Florida has provided this insurance. This is the same company that provides the fireworks display for the Our Country Day committee on the 4th of July in Keystone Heights. This event will be well supervised and the utmost care will be taken. The Keystone Heights Volunteer Fire Department will be on hand for these festivities as well. The proof of insurance has been forwarded to the Clay County School Board. If Board approval is needed for this event, please add this to the agenda. Thank you for your consideration.

Sincerely,

Susan H. Sailor
Principal

8/21/07
okay pending Bd approval
JS

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/15/2007

PRODUCER Phone: 440-248-4711 Fax: 440-248-5406
Britton-Gallagher and Associates, Inc.
6240 SOM Center Rd.
Cleveland OH 44139

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 BELOW.

INSURED
Skylighters of Florida LLC
PO Box 6463
Ocala FL 34478

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Lexington Insurance Co	
INSURER B: Granite State Insurance Co.	23809
INSURER C: Travelers Commercial Casualty	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. 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 THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	6990137	12/1/2006	12/1/2007	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000
B		AUTOMOBILE LIABILITY	CA93831405	12/1/2006	12/1/2007	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EAACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	2841C201	6/26/2007	6/26/2008	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Certificate Holder is added as an additional insured for fireworks display scheduled for October 25, 2007 at the Keystone Heights High School in Keystone Heights Florida.

CERTIFICATE HOLDER

Clay County School Board
C/O Dr. George Copeland
900 Walnut Street
Green Cove Springs FL 32043

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ORANGE PARK HIGH SCHOOL

"HOME OF THE RAIDERS"

MICHAEL WINGATE
Principal

RAY DUKES
Vice Principal

KIM ALFORD
MICHAEL ELIA
MICHELLE ROVIRA-DALY
WILLIAM FLETCHER
Assistant Principals

September 4, 2007

Mr. David Owens
Superintendent
Clay County Schools
900 Walnut Street
Green Cove Springs, FL 32043

RECEIVED

SEP 6 2007

Superintendent's Office

Dear Mr. Owens,

The Orange Park High School Homecoming Committee, under the sponsorship of Orange Park High School, would like permission to have a fireworks finale at the end of Raider Roar on Thursday night, September 27, during homecoming week. We will be using the same company as the last three years. The information is as follows:

Sky Lighters
P. O. Box 6463
Ocala, FL

A copy of the insurance has been provided. This event will be well supervised and the utmost care will be taken. Thank you for your consideration.

Sincerely,

Michael Wingate
Principal

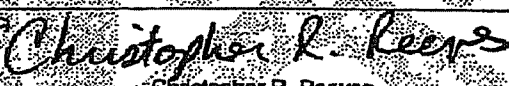
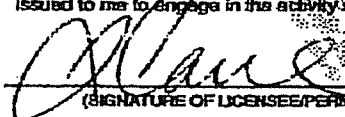
MW/dmb



DEPARTMENT OF THE TREASURY - BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

LICENSE/PERMIT (18 U.S.C. CHAPTER 40, EXPLOSIVES)

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555) you may engage in the activity specified in this license/permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. See "WARNING" and "NOTICES" on back.

DIRECT ATF CORRESPONDENCE TO	Christopher R. Reeves Chief, Federal Explosives Licensing Center (FELC) Bureau of Alcohol, Tobacco, Firearms and Explosives 244 Needy Road Martinsburg, West Virginia 25401-9431 Telephone: 1-877-263-3352 Fax: 1-304-260-1141	LICENSE PERMIT NUMBER 1-FL-083-24-9F-00028
		EXPIRATION DATE June 7, 2009
NAME SKYLIGHTERS OF FLORIDA LLC	Premises Address CHANGES? You must notify the FELC at least 10 days before! 11600 N HWY 901-441 OCALA, FL 34475	
TYPE OF LICENSE OR PERMIT 24-IMPORTER OF LOW EXPLOSIVES		
CHIEF, FEDERAL EXPLOSIVES LICENSING CENTER (FELC)  Christopher R. Reeves		
PURCHASING CERTIFICATION I certify that this is a true copy of a license/permit issued to me to engage in the activity specified.  (SIGNATURE OF LICENSEE/PERMITTEE)	Mailing Address CHANGES? You must notify the FELC at least 10 days before! SKYLIGHTERS OF FLORIDA LLC PO BOX 6468 OCALA, FL 34478	
The licensee/permittee named herein shall use a reproduction of this license/permit to assist a transferor of explosives to verify the identity and status of the licensee/permittee as provided in 27 CFR Part 555. The signature on each reproduction must be an ORIGINAL signature.		

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DATE (MM/DD/YYYY)
8/29/2007

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INSURERS AFFORDING COVERAGE

NAIC #

INSURED
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PO Box 6463
Ocala FL 34478

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INSURER D:
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					GENERAL AGGREGATE \$ 2,000,000
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	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	GARAGE LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> ANY AUTO				AGGREGATE \$
	EXCESS/UMBRELLA LIABILITY				\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Clay County School Board is added as an additional insured for the fireworks display scheduled for 9/27/07 at Orange Park High School in Orange Park Florida.

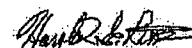
CERTIFICATE HOLDER

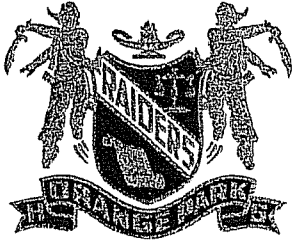
CANCELLATION

Clay County School Board
900 Walnut Street
Green Cove Springs FL 32043

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AUTHORIZED REPRESENTATIVE





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Principal

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Vice Principal

KIM ALFORD
MICHAEL ELIA
MICHELLE ROVIRA-DALY
WILLIAM FLETCHER
Assistant Principals

September 4, 2007

Mr. Jim Corbin
Clay County Department of Public Safety
One Doctors Drive
Green Cove Springs, FL 32043

Dear Mr. Corbin:

Please be advised that Orange Park High School will be having our homecoming festivities on Thursday, September 27 at 7:00 p.m. During that time we will be having a small fireworks display. A copy of the insurance as well as a letter to the school board has been provided.

If there is anything else you may need, please feel free to call 904-272-8101. Thank you in advance for your consideration.

Sincerely,

Mr. Michael Wingate
Principal

MW/dmb