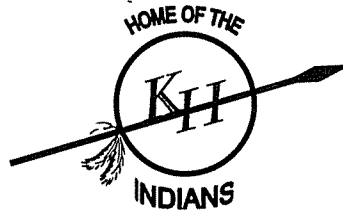


KEYSTONE HEIGHTS JR./SR. HIGH SCHOOL

"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 21, 2006

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 Assistant Principal, Janie Phillips, would like permission to have a fireworks finale at the end of Pow Wow on Thursday night, October 5, 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

Cc: Ben Wortham

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2004

PRODUCER (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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Lexington Insurance Co	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED Skylighters of Florida LLC
DBA: Sky Lighters of Florida
PO Box 6463
Ocala, FL 34478

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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A		GENERAL LIABILITY	2831335	12/01/2004	12/01/2005	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	
						GENERAL AGGREGATE	\$ 2,000,000	
						GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/>	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
		<input 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 type="checkbox"/> HIRED AUTOS						
		<input type="checkbox"/> NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$	
						AUTO ONLY: AGG	\$	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$	
		<input type="checkbox"/> DEDUCTIBLE					\$	
		<input type="checkbox"/> RETENTION \$					\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				W/C STATUTORY LIMITS	OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$	
		OTHER				E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

FIREWORKS DISPLAY ON NOVEMBER 3, 2005 AT KEYSTONE HEIGHTS HIGH SCHOOL.
CLAY CO. SCHOOL BOARD IS NAMED AS ADDITIONAL INSURED.

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

John B. Kearney

#20

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