

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

July 23, 2008

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, November 13, 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

*approved pending board action.
David Owens*

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/17/2008

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:
INSURER C:
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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6990340	12/1/2007	12/1/2008	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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 NOVEMBER 13, 2008 AT KEYSTONE HEIGHTS HIGH SCHOOL.

CERTIFICATE HOLDER

CANCELLATION

CLAY CO. SCHOOL BOARD
C/O DR. GEORGE COPELAND
900 WALNUT STREET
GREEN COVE SPRINGS FL 32043

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

