

ORANGE PARK HIGH SCHOOL

"HOME OF THE RAIDERS"

TREASURE PICKETT
Principal

RAY DUKES
Vice Principal

MICHAEL ELIA
MICHELLE ROVIRA-DALY
WILLIAM FLETCHER
ANTHONY WILLIAMS
Assistant Principals

September 17, 2009

Mr. Ben Wortham
Superintendent
Clay County Schools
900 Walnut Street
Green Cove Springs, FL 32043

Dear Mr. Wortham:

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, October 15, 2009 during homecoming week. We will be using the same company as the last five 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,

Treasure Pickett
Principal

TP/dmb

2300 Kingsley Avenue, Orange Park Florida 32073
Phone (904) 272-8110 Fax (904) 272-8181

"An Equal Opportunity Employer"

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/11/2009

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
Skylighters of Florida LLC
PO Box 6463
Ocala FL 34478

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	43925555	12/1/2008	12/1/2009	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		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	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						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
 Certificate holder is added as an Additional Insured for the fireworks display scheduled for 10/15/09 at Orange Park High School.

CERTIFICATE HOLDER

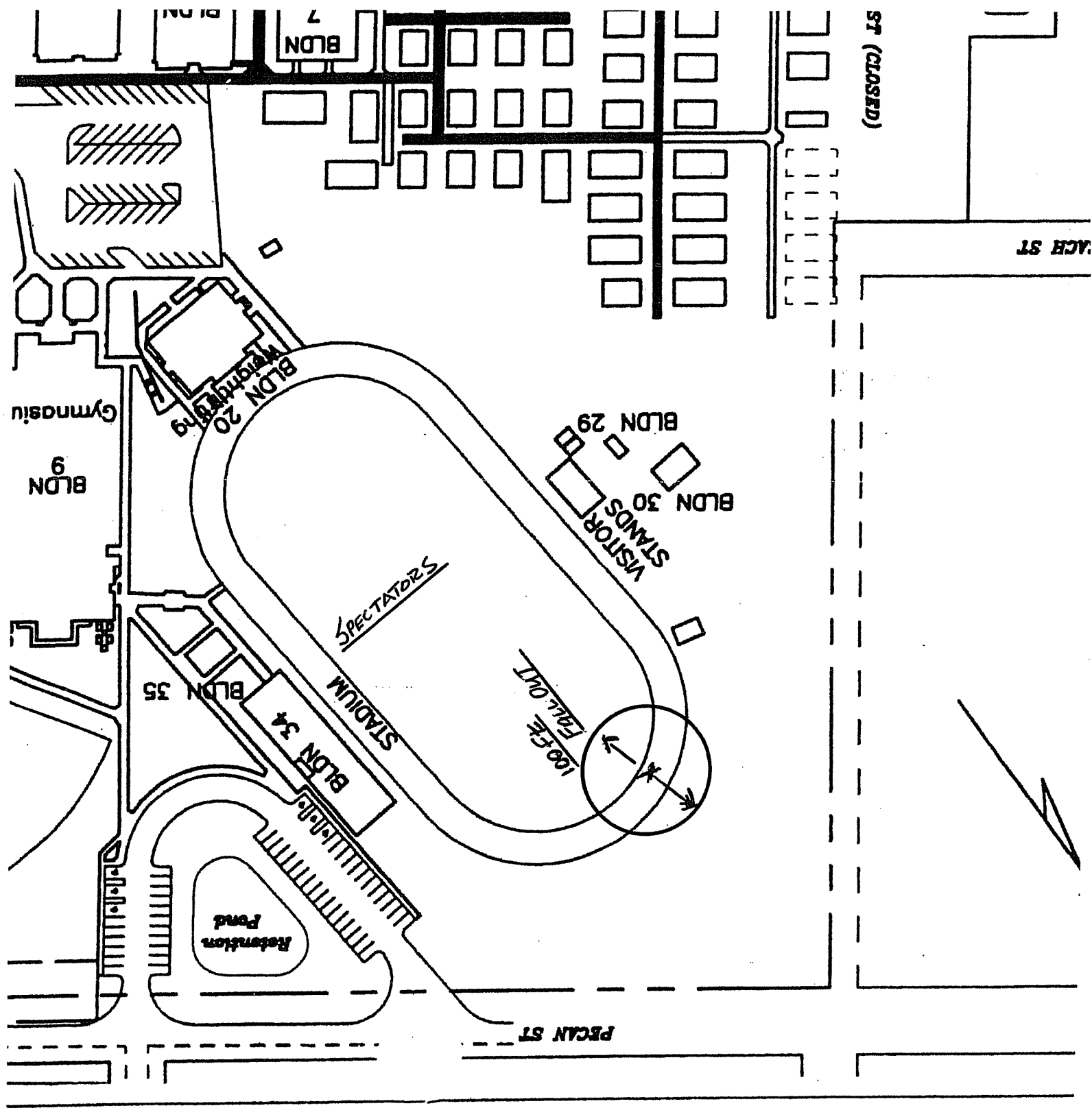
Clay County School Board
900 Walnut Street
Green Cove Springs FL 32043

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 H.S.



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 Neady Road Martinsburg, West Virginia 25401-9431 Telephone: 1-877-263-3362 Fax: 1-804-260-1141	LICENSE PERMIT NUMBER	1-FL-083-24-9F-00028
		EXPIRATION DATE	June 1, 2009

NAME SKYLIGHTERS OF FLORIDA LLC	Premises Address CHANGES? You must notify the FELC at least 10 days before 11600 N HWY 301-441 OCALA, FL 34475
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TYPE OF LICENSE OR PERMIT 24-IMPORTER OF LOW EXPLOSIVES
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CHIEF, FEDERAL EXPLOSIVES LICENSING CENTER (FELC) <i>Christopher R. Reeves</i> Christopher R. Reeves
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PURCHASING CERTIFICATION I certify that this is a true copy of a license/permit issued to me to engage in the activity specified. <i>[Signature]</i> (SIGNATURE OF LICENSEE/PERMITEE)	Mailing Address CHANGES? You must notify the FELC at least 10 days before SKYLIGHTERS OF FLORIDA LLC PO BOX 6463 OCALA, FL 34475
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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.