

ORANGE PARK HIGH SCHOOL

"HOME OF THE RAIDERS"

TREASURE PICKETT
Principal

RAY DUKES
Vice Principal

MICHAEL ELIA
WILLIAM FLETCHER
ANTHONY WILLIAMS
Assistant Principals

September 19, 2012

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 the Raider Roar on Thursday night, November 1, 2012 during homecoming week. We will be using the same company as the last seven 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,

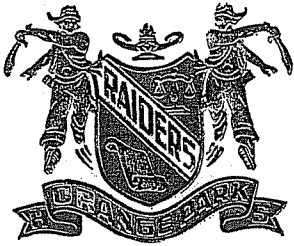
Treasure Pickett
Principal

TP/dmb

*Approved for
Oct. 11, 2012
For Account
[Signature]
9-22-12*

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

"An Equal Opportunity Employer"



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September 19, 2012

Mr. Captain Clu Wright
Clay County Department of Public Safety
One Doctors Drive
Green Cove Springs, FL 32043

Dear Mr. Wright:

Please be advised that Orange Park High School will be having our homecoming festivities on Thursday, November 1, 2012 at 7:00 p.m. During that time we are having a small fireworks display. We will be using the same company as the last seven years. This information is as follows: Sky Lighters, P. O. Box 5453, Ocala, FL.

A copy of the insurance as well as a letter to the school board 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

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/17/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Britton-Gallagher and Associates, Inc. 6240 SOM Center Rd. Cleveland OH 44139	CONTACT NAME: _____														
	PHONE (A/C No. Ext): 440-248-4711 FAX (A/C No.): 440-248-5406 E-MAIL ADDRESS: _____														
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Lexington Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B: Granite State Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER C: Travelers Commercial Casualty</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Lexington Insurance Co.		INSURER B: Granite State Insurance Co.		INSURER C: Travelers Commercial Casualty		INSURER D:		INSURER E:		INSURER F:	
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INSURED Skylighters of Florida LLC PO Box 6463 Ocala FL 34478															

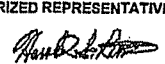
COVERAGES	CERTIFICATE NUMBER: 1988809855	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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		43925555-03	12/1/2011	12/1/2012	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 - COM/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		CA938314011	12/1/2011	12/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	0684N493	9/26/2012	9/26/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Clay County School Board is added as an Additional Insured for the fireworks display scheduled for November 1, 2012 at Orange Park High School in Orange Park Florida.

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**FIRE MARSHAL PERMIT
PUBLIC FIREWORKS DISPLAY**

1 Doctors Drive – Green Cove Springs, FL 32043
Phone: 904-284-7703 Fax: 904-284-2467

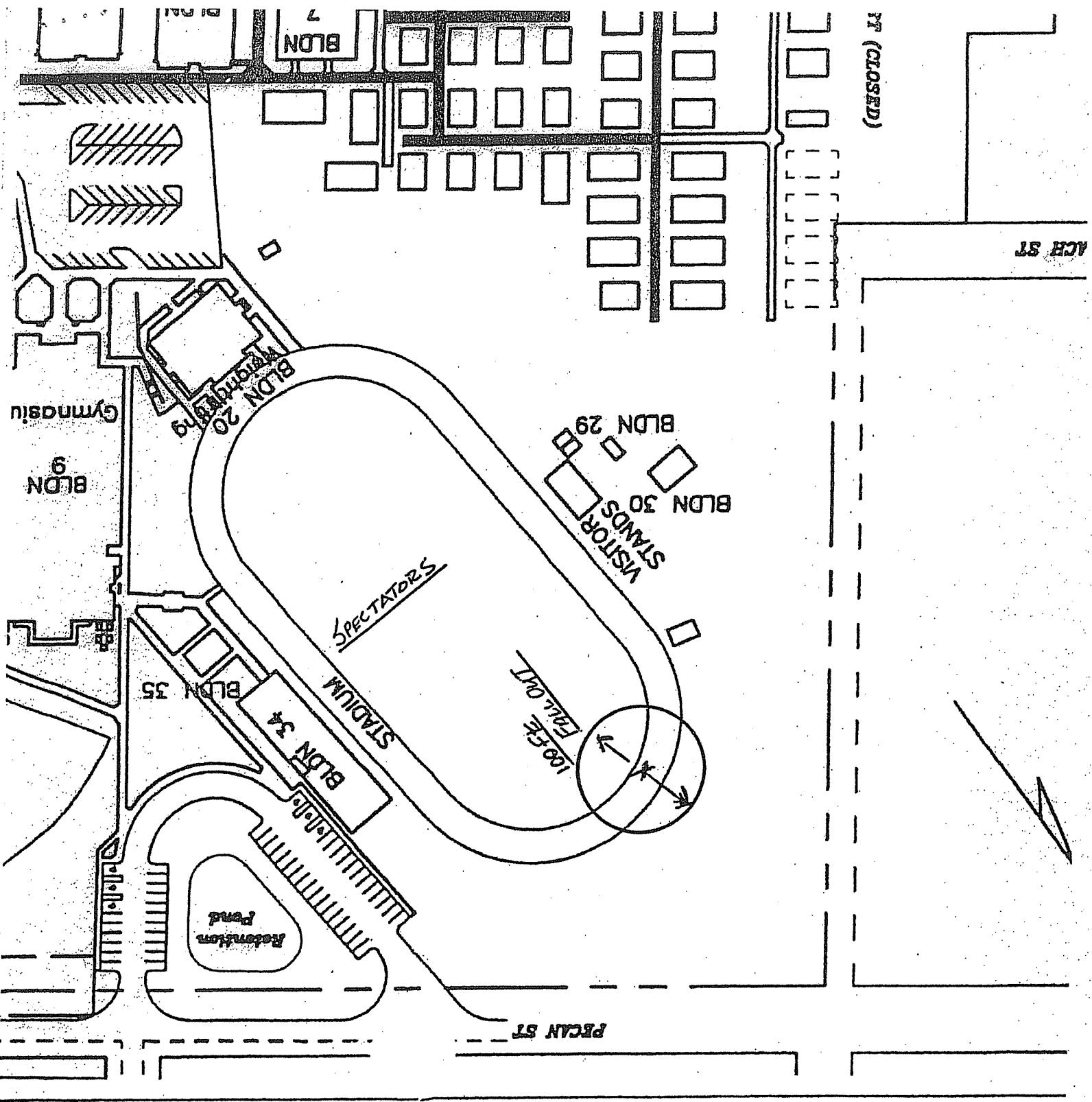
Company/Organization seeking permit <u>Orange Park High School</u>	
Mailing Address <u>2300 Kingsley Avenue, Orange Park</u>	
Contact Person <u>Denise Boalbin</u>	Phone Number <u>904-272-8114</u>
Display Location <u>Football field</u>	Address <u>2300 Kingsley Ave.</u>
Date of Event <u>11/1/12</u>	Start Time <u>7:00 p.m.</u> End Time <u>9:30 p.m.</u>
Display Operator (onsite person in charge of firing) <u>John Casse</u>	
Date of Birth <u>5/2/64</u>	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> D.L.# <u>C200-465-64-162</u>
State <u>FL</u>	
Location/Address Fireworks Storage prior to Display <u>None</u>	

Copies of the following documents must be attached to this permit application.

1. Training certificate for operator showing completion of an approved course for fireworks display OR, employees of a licensed fireworks manufacture may submit a letter from their employer verifying that they have received training in the laws, regulations, and safety practices relating to the discharge of fireworks, including NFPA 1123.
2. Site plan for display area showing location of firing area, fallout area, location of ground display pieces, spectator viewing areas, parking areas, adjacent buildings locations, overhead obstructions, and roadways. The plan must be to scale or must have all relevant distances shown in order to determine whether recommended separation distances have been met.
3. List of all firing assistants, including full name and age.
4. Description of the number and type of personnel (employees, security staff, contact law enforcement, etc.) who will function as monitors to prevent spectators or other unauthorized persons from entering the discharge site.
5. Type and number of fireworks devices to be used.
6. Insurance policy which includes liability coverage for the event, or other acceptable proof of financial responsibility (minimum of \$1,000,000.00 coverage).

Name _____ Signature/Date _____

Fire Marshal _____ Signature/Date _____



ORANGE PARK H.S.