| CERTIFICATE OF INSURANCE ISSUE DATE 04-05-2022 | | | | | | | |
|--|---|---------------------|--|--|-------------------------------------|--------------|--|
| PROD | UCER | | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, | | | |
| DIVIS | FESSIONAL PROGRAM INSUF SION OF SPG INSURANCE SO SOUTHPOINT BLVD., #101 | | | EXTEND OR LATER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURER(S) AFFORDING COVERAGE | | | |
| PETALUMA CA, 94954 | | | INSURER A | INSURER A: Certain Underwriters at Lloyd's, London | | | |
| INSURED | | | INSURER B: | INSURER B: | | | |
| Pioneer Pyrotechnics, LLC 2132 North Grampian Hills Road Columbia, SC 29223 | | | INSURER C | INSURER C: | | | |
| | | | INSURER D | INSURER D: | | | |
| COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NAMED INSURED ABOVE FOR THE 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. | | | | | | | |
| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | 3 | |
| | GENERAL LIABILITY | | | | EACH ACCIDENT | \$ 1,000,000 | |
| Α | CLAIMS MADE | PY/21-0249 | 12/10/2021 | 12/10/2022 | MEDICAL EXP (Any one person) | \$ | |
| ,, | | | | | FIRE LEGAL LIABILITY | \$ 50,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER POLICY | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| | APPLIES PER POLICY | | | | PRODUCTS-COMP/OPS AGG | \$ | |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | ANY AUTO ANY OWNED AUTOS | | | | BODILY INJURY (Per person) | \$ | |
| | SCHEDULED AUTOS HIRED AUTOS | | | | BODILY INJURY (Per accident) | \$ | |
| | NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | EXCESS LIABILITY FOLLOWING FORM | | | | EACH ACCIDENT | \$ | |
| | | | | | AGGREGATE | \$ | |
| | WORKERS COMPENSATION | | | | TORY LIMITS OTH- | \$ | |
| | AND EMPLOYERS' LIABILITY | | | | E.L. DISEASE-EA EMPLOYEE | \$ | |
| | | | | | E.L DISEASE-POLICY LIMIT | \$ | |
| | OTHER | | | | | | |
| DESC | RIPTION OF OPERATIONS/LOCA | TIONS/VEHICLES/EXCL | USIONS ADDED B | │ SY ENDORSEMENT/S | BPECIAL PROVISIONS | | |
| Governors Club POA, and for permits only, the State of NC, its agents, and The Office of the State Fire Marshal are Additional insured as respects the 7-4-22 (rain date 7-11-22) aerial fireworks display located at Governors Club, 11000 Governors Dr, Chapel Hill, NC 27517. | | | | | | | |
| | | | | | | | |
| Governors Club Inc. 11000 Governors Drive Chapel Hill NC 27517 | | | SHOULD ANY O EXPIRATION DA DAYS WRITTEN FAILURE TO MA | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 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 RI | AUTHORIZED REPRESENTATIVE Susan Etter | | | |