

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05-06-2025

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						CONTACT NAME:					
PROFESSIONAL PROGRAM INSURANCE BROKERAGE					PHONE (A/C, No, Ext): 415-475-4300 FAX (A/C, No): 415-475-4304						
DIVISION OF SPG INSURANCE SOLUTIONS, LLC 1304 SOUTHPOINT BLVD., #101					ADDRESS:						
PETALUMA CA, 94954					INSURER(S) AFFORDING COVERAGE INCLIDED A . Certain Underwriters at Lloyd's, London			AA-1128			
INSURED					INSURER A:					5020	
					INSURER B :						
Pioneer Pyrotechnics, LLC 213 North Grampian Hills Road					INSURER C:						
Columbia, SC 29223					INSURER D:						
, , , , , , , , , , , , , , , , , , ,					INSURER E:						
COVERACES CERTIFICATE MUMBER.					INSURER F:						
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY									POLICY PERI	IOD	
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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
LIK	GENERAL LIABILITY	INSK	WVD	T GEIGT HOMBER		(WIW/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE S	1,00	0,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)		0,000	
	X CLAIMS-MADE OCCUR		PY/24-0263			12/10/2025	MED EXP (Any one person)		-,		
Α	SET WIND WINDE	X			12/10/2024		PERSONAL & ADV INJURY				
								GENERAL AGGREGATE		0.000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	· ,	-,	
	X POLICY PRO-							TRODUCTO-COMITION AGG			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Fa accident)	<u> </u>		
	ANY AUTO							(Ea accident) S BODILY INJURY (Per person)			
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	<u> </u>		
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE			
	HIRED AUTOS AUTOS							(Per accident)	<u> </u>		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	<u> </u>		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE			
	DED RETENTION\$	1						9			
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	3		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	3		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
								1			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach .	ACORD 101, Additional Remarks	Schedule	, if more space is	required)				
Gov	rernors Club Inc; Governors Club P	OA.	and f	for permits only, the Sta	te of N	C. its agent	s ATIMA. ar	nd The Office of the Stat	e Fire Marsh	al	
	permits only are Additional Insured										
	1/2025) located at tee box across l					es a two-yea	ar extended	reporting period from the	e date of the		
display. 30-day notice of cancellation applies. 10-day notice of non-payment.											
CEF	RTIFICATE HOLDER				CANC	ELLATION					
Governors Club Inc								ESCRIBED POLICIES BE CAI			
11000 Governors Drive						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Chapel Hill NC 27517											
					AUTHORIZED REPRESENTATIVE						
					Susan Etter						
					Susan Mer						