



SOUTH CAROLINA BUDGET AND CONTROL BOARD

INSURANCE RESERVE FUND
POST OFFICE BOX 11066
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0020

POLICY NUMBER	FROM	POLICY PERIOD	TO	TYPE OF INSURANCE	DATE PRINTED
T111540015	09/30/2014	09/30/2015		GENERAL TORT LIABILITY	28 AUG 2014

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
CD-01 CD-12

NAMED INSURED AND ADDRESS	CONTACT PERSON AND PHONE	FORM #	PAGE
OFFICE OF LIEUTENANT GOVERNOR 1301 GERVAIS ST SUITE 350 COLUMBIA, SC 29201	TONY KESTER (803)734-9910	CD-12	1 OF 1
	TYPE OF ACTIVITY ENDORSEMENT CERTIFICATE OF INSURANCE		ACTIVITY # 002

EFFECTIVE DATE - 09/30/2014

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0005

1301 GERVAIS LLC
1301 GERVAIS ST STE 600
COLUMBIA SC 29201-0000

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 LISTED BELOW.

THIS IS TO CERTIFY THAT A POLICY HAS BEEN ISSUED TO THE ABOVE NAMED INSURED AND IS IN FORCE AT THIS TIME. 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 THIS POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THIS POLICY.

POLICY EXCLUDES ALL CONTRACTUAL LIABILITY.

CANCELLATION: SHOULD THIS POLICY BE CANCELLED BEFORE EXPIRATION DATE THEREOF THE INSURANCE RESERVE FUND WILL ENDEAVOR TO PROVIDE 30 DAYS WRITTEN NOTICE TO ABOVE NAMED CERTIFICATE HOLDER, BUT FAILURE TO PROVIDE SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY.

COVERAGE PROVIDED FOR:	LIMIT OF LIABILITY
THE ABOVE NAMED INSURED, ITS EMPLOYEES AND/OR VOLUNTEER EMPLOYEES	\$1,000,000 PER OCCURRENCE

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY T111540015

AUGUST 27, 2014

DATE

ANNE MACON SMITH
Director