



## COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM REQUEST FORM

The Board of County Commissioners meets the 1st and 3rd Thursday of each month at 5:30 p.m. in the Columbia County School Board Administrative Complex Auditorium, 372 West Duval Street, Lake City, Florida 32055. All agenda items are due in the Board's office one week prior to the meeting date.

Today's Date: 5/4/2021 Meeting Date: 5/20/2021

Name: John Crews Department: BCC Administration

Division Manager's Signature:

A handwritten signature in blue ink, appearing to be "John Crews", written over a light blue circular stamp.

### 1. Nature and purpose of agenda item:

Fort White High School requests to have fireworks at their May 28th graduation. The necessary insurance forms and paperwork are attached. This is an annual request.

### 2. Recommended Motion/Action:

Approve

### 3. Fiscal impact on current budget.

This item has no effect on the current budget.



## Fort White High School

17828 S. W. State Road 47  
Fort White, Florida 32038

Phone: (386) 319-7272

Fax: (386) 497-5951

Keith Couey, Principal

Andy Giddens  
Assistant Principal

Jay Duval  
Assistant Principal

Mitch Shoup  
Assistant Principal

---

May 3, 2021

To Whom It May Concern,

Fort White High School requests permission to have a fireworks display as part of their 2021 Commencement Exercises on Friday, May 28<sup>th</sup>, 2021 at 8:00pm.

Please find attached the information for Mrs. Lee Partin, owner of Dragonworks-Homosassa, FL. Also attached is the map of the proposed launch site for the fireworks display.

If you have any questions, please contact FWHS Student Activities Director, DeShay Harris; 386-319-7272 ext 3420 or [harrisdl@columbiak12.com](mailto:harrisdl@columbiak12.com).

Thank you for your assistance.

Sincerely,

DeShay Harris  
Office of Student Activities  
Fort White High School



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
4/22/2021

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).

<b>PRODUCER</b> Ryder Rosacker McCue & Huston (MGD by Hull & Company) 509 W Koenig St Grand Island NE 68801	<b>CONTACT</b> NAME: Kristy Wolfe PHONE (A/C No. Ext): 308-382-2330 FAX (A/C No): E-MAIL ADDRESS: kwolfe@ryderinsurance.com																					
<b>INSURED</b> Fred & Lee Partin dba Dragonworks PO Box 1397 Homosassa Springs FL 34447	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A:</td><td>SCOTTSDALE INS CO</td><td>41297</td></tr> <tr> <td>INSURER B:</td><td></td><td></td></tr> <tr> <td>INSURER C:</td><td></td><td></td></tr> <tr> <td>INSURER D:</td><td></td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	SCOTTSDALE INS CO	41297	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	SCOTTSDALE INS CO	41297																				
INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

**COVERAGES**
**CERTIFICATE NUMBER:** 1359880368

**REVISION NUMBER:**

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 (NSR) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPS3398931	4/19/2021	4/19/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Regarding the General Liability coverage, Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.

Regarding the General Liability coverage, Waiver of Subrogation applies to the entities listed below per attached form CG 24 04 when required by written agreement.

FT White High School; School Board of Columbia County

Location: FT White High School

Date of Display: 05/28/2021

Rain Date: Next available date

**CERTIFICATE HOLDER**
**CANCELLATION**

FT White High School 17828 Hwy 47 FT White FL 32038	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 
---	---

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.

## FIREWORKS PERMIT

April 20, 2021

- 1- Organization sponsoring display, School Board of Columbia County
  - 2- Person in charge of discharging fireworks,
  - 3- Name, Dragonworks Display co. Lee Partin DOB.11/03/1952
  - 4- Ht; 5' 9" Wt; 195 lbs.
  - 5- POB; Oceanside California
  - 6- Telephone; 1-352-422-3211
  - 7- Address; P. O. Box 1397, Homosassa Spgs, FL 34447
  - 8- Training center; Lee Partin has taken training from the Pyrotechnic Guild International, and the Florida Pyrotechnic Arts Guild Inc.31 years experience in professional fireworks displays.
  - 9- **Insurance Information;**
  - 10- Company, Ryder Rosaker Mc Cue & Huston
  - 11- Address; 509 Koenig St. Grand Island NE 68802
  - 12- Telephone; 1-308-382-2330
  - 13- Policy Number 1359880368
  - 14- Amount of coverage; \$2,000,000
  - 15- Date; May 28,2021
  - 16- Location of Display; Fort White High School
  - 17- Manufacture of Fireworks; Foreign and domestic, 1.3 G and 1.4G largest 4" shooting area of 280 ft. Radius
  - 18- Manner and place of storage; BATF Approved magazine
  - 19- Fire Department of area; Local Ft. White fire Dept will be on site,
  - 20- Local Contact ; Deshay Harris [harrisd@columbia.k12.fl.us](mailto:harrisd@columbia.k12.fl.us)
- 
- 1-352-259-9223

*Proposed launch site*

