

October 10, 2011

Buncombe County Commissioners c/o Kathy Hughes 60 Court Plaza, Room 206 Asheville, NC 28801

Dear Commissioners:

The Inn on Biltmore Estate will be having a New Year's Eve celebration on the night of December 31, 2011. The attendance is expected to be approximately 400 guests. The inn would like to have a fireworks display from $11:50 \, \text{pm} - 12:00 \, \text{am}$.

I have contacted Pyrotechnico out of New Castle, PA who has provided firework displays for The Biltmore Company in the past. They have agreed to provide the display for this event as well. Enclosed is a copy of the insurance certificate for the event. You will see that The Biltmore Company is named as the additional insured. The fireworks will be launched from the southwest side of Inn on Biltmore Estate as they have been in the past.

I ask your approval of these plans as described. Thank you for your time and attention to this matter.

Sincerely,

Rachel Hudson

Marketing Coordinator

Inn on Biltmore Estate

Enclosure



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/07/2011

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

	ne terms and conditions of the policy, ertificate holder in lieu of such endor				dorser	nent. A state	ment on this	certificate does not co	nfer righ	ts to the	
PRODUCER						CONTACT Melanie Allen					
MCGRIFF, SEIBELS & WILLIAMS, INC. P.O. Box 10265					NAME: PHONE FAX (A/C, No, Ext): 800-476-2211 (A/C, No):						
Birmingham, AL 35202					(AUC, No.): E-MAIL ADDRESS: mall@mcgriff.com						
						INSURER(S) AFFORDING COVERAGE					
					INSURER A :United States Fire Insurance Company					NAIC # 21113	
INSURED					INSURER B :James River Insurance Company				12203		
S. Vitale Pyrotechnic Industries. Inc. dba Pyrotecnico					INSURER C :Catlin Specialty Insurance Company					15989	
P.O. Box 149					INSURER D:					10000	
New Castle, PA 16103					INSURER E :						
ľ						INSURER F:					
COVERAGES CERTIFICATE NUMBER:KA42EY4Q						REVISION NUMBER:					
C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PE	UIRE	MENT , THE	T, TERM OR CONDITION OF INSURANCE AFFORDED B	ANY CO	ONTRACT OR O	OTHER DOCU CRIBED HERE	MENT WITH RESPECT TO	WHICH T	HIS	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE INST INST TYPE OF INSURANCE INST INST					POLICY EFF POLICY EXP LIMITS						
LTR B	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	POLICY NUMBER 000292603		01/14/2011	01/14/2012			1,000,000	
								DAMAGE TO RENTED	\$	100,000	
								PREMISES (Ea occurrence)	S	5,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person) PERSONAL & ADV INJURY	s	1,000,000	
									s	5,000,000	
								GENERAL AGGREGATE	s	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	S	2,000,000	
A	AUTOMOBILE LIABILITY	 		1337305428		01/14/2011	01/14/2012	COMBINED SINGLE LIMIT		1,000,000	
								(Ea accident) BODILY INJURY (Per person)	S S	1,000,000	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	S		
	X HIRED AUTOS X NON-OWNED							PROPERTY DAMAGE (Per accident)	S		
	✓ Trir InterChg							Comp. \$1000 deductible		00 deductible	
В	UMBRELLA LIAB X OCCUR	 		000292623		01/14/2011	01/14/2012	EACH OCCURRENCE	\$	4,000,000	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	4,000,000	
	DED RETENTIONS	1						7,0011207712	s		
	WORKERS COMPENSATION	<u> </u>						WC STATU- OTH- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s		
С	EXCESS UMBRELLA COVERAGE			XSA2002600112		01/14/2011	01/14/2012	XS Underlying \$4, Mil	S S	5,000,000	
									\$		
									S		
Disp Loca The The	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC lay Date: July 4, 2011 and December 31, ation: Inn on Biltmore Estate, Asheville, No Biltmore Company above listed are Additional Insured respected to the Holder is named as Additional	2011 c ts to (Gener	ral Liability policy as required	by writ	ten contract su	bject to policy	terms, conditions and exclu	usions.		
CERTIFICATE HOLDER CANCELLATION											
OEKIN IOALE HOEDEN						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Inn on Biltmore Estate One North Park Square Asheville, NC 28801					AUTHORIZED REPRESENTATIVE April B.J. Chosicl						