



FIREWORKS SUPPLEMENTAL APPLICATION

1.	LEGAL NAME:	DOING BUSINESS AS:
2.	DATE(S) OF FIREWORKS EXPOSURE:	TO
3.	SPECIFIC LOCATION OF FIREWORKS DISPLAY(S):	
4.	ESTIMATED NUMBER OF SPECTATORS IN ATTENDANCE:	
5.	NAME OF ORGANIZATION SHOOTING FIREWORKS:	
	PROVIDE A COPY OF THE CONTRACT.	
6.	WILL OTHER COVERAGE BE PROVIDED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, PLEASE ATTACH COPY OF CERTIFICATE OF INSURANCE SHOWING THE INSURED AS ADDITIONAL INSURED AND EVIDENCING LIMITS OF AT LEAST \$1,000,000.	
7.	LIST THE NAMES OF THE INDIVIDUALS SHOOTING THE FIREWORKS AND THEIR EXPERIENCE (BODILY INJURY TO SHOOTERS IS EXCLUDED):	
	NAME:	EXPERIENCE:
	NAME:	EXPERIENCE:
	NAME:	EXPERIENCE:
	IF THE INSURED IS SHOOTING THE FIREWORKS, PROVIDE A COPY OF CURRENT LICENSE.	
8.	PROVIDE A DIAGRAM OF THE FIREWORKS DISPLAY AREA, DETAILING THE FOLLOWING INFORMATION:	
	A) SPECTATOR FENCING – DISTANCE FROM LAUNCH SITE TO SPECTATORS	D) SPECTATOR PARKING LOT
	B) LAUNCH SITE	E) CONCESSIONS AREA
	C) DIRECTION OF LAUNCH	F) SURROUNDING AREAS
9.	DESCRIBE FIREFIGHTING EQUIPMENT ON SITE:	
10.	IF NO FIREFIGHTING EQUIPMENT ON SITE, GIVE DISTANCE TO NEAREST FIRE STATION:	
	FIRE PROTECTION IS:	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> PAID
11.	DO YOU HAVE A LICENSED EMT-STAFFED AMBULANCE ON SITE DURING ALL FIREWORKS DISPLAYS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IF NO, GIVE DISTANCE TO NEAREST MEDICAL FACILITY: AND RESPONSE TIME IN MINUTES:	
12.	HAVE YOU DISPLAYED FIREWORKS BEFORE?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	IF YES, DESCRIBE ANY CLAIMS / LOSSES THAT HAVE OCCURRED AND THE AMOUNT OF THE LOSS:	
13.	LIMIT OF LIABILITY REQUESTED (CANNOT BE GREATER THAN THE EVENT LIMIT):	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000

I UNDERSTAND THAT THE INSURANCE COMPANY WILL RELY ON INFORMATION CONTAINED IN THIS APPLICATION AND ALL OTHER INFORMATION BEING SUBMITTED. I HEREBY REPRESENT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS COMPLETE, TRUE AND ACCURATE.

Date

Signature of Insured

Title