

# Signature Live! Pyrotechnic Supplemental Application Form

**General Information**

Name of Insured:	
Pyrotechnic Company:	Fireworks Operator Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Event:	Location of Event:

**Event Information**

1. Please describe the planned Pyrotechnics show: \_\_\_\_\_

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2. Please share the qualifications and experience of the company performing the show: \_\_\_\_\_

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3. Please describe the show site and precautions being taken: \_\_\_\_\_

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4. Will the Pyrotechnics Company provide a Certificate of Insurance (COI) for this Event?  Yes  No

5. Will the local Fire Department be present during the Event?  Yes  No

6. What will be the duration of the Pyrotechnics Show: \_\_\_\_\_

7. Will all required permits be in place?  Yes  No

**Declarations**

**I/We declare that:**

1. The information in this application is true and correct and I/we have not withheld any relevant information.
2. I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.
3. All Submitted Application Forms become part of the Insurance Policy and is the basis of Coverage provided.
4. If any of the questions have been answered fraudulently or with the intent to conceal or misrepresent any material fact or circumstance concerning this Application for insurance, the entire Policy shall be void.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_