



FIREWORKS AND PYROTECHNICIANS APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant** (And all Subsidiaries):

2. **Mailing Address:**

Website Address: _____

Other Locations: _____

3. How long has applicant been in business under the above name? _____

4. Describe prior experience in this business under another name:

5. Describe the operations of the applicant and any subsidiaries:

6. **Description of Displays:**

I N D O O R (Including Types of Venue)	Est. No. of Displays	Duration (Mins.)		Average Cost	Maximum Cost	Avg. No. of Spectators	Max. No. of Spectators
		Avg.	Max.				

O U T D O O R (Including Types of Venue)	Est. No. of Displays	Duration (Mins.)		Average Cost	Maximum Cost	Avg. No. of Spectators	Max. No. of Spectators
		Avg.	Max.				

Any special effects work (e.g. motion picture or TV productions using explosives or other devices)? Yes No

If Yes, please indicate:

Type of Work	Location	Receipts	Duration of Work

Please attach details of previous displays, effects or other works.

Please indicate minimum distance of spectators from fireworks.

For INDOOR: _____ For OUTDOOR: _____

Please describe safety precautions taken in each situation:

Are the fireworks or effects handled and set off by licensed or qualified individuals?

Are fireworks set off in strict compliance with industry standards?

Will Fire Department personnel be in attendance? Please provide details.

Is Fire Marshall approval sought?

Please attach photocopy of principal's license.

Please list:

NUMBER OF PYROTECHNICIANS	QUALIFICATIONS AND CLASS OF PYROTECHNICS AUTHORIZED FOR	NO. OF YEARS EXPERIENCE

Are all employees covered under WSIB?
If No, please list numbers by job description and estimated payroll:

Yes No

TYPES OF PYROTECHNICS USED OR SOLD	MANUFACTURER	COUNTRY OF ORIGIN	EVIDENCE OF PRODUCT LIABILITY SUPPLIED

If imported fireworks are used, are they licensed for use by Canadian Government authorities?

7. **Receipts.** Please provide breakdown of estimated annual receipts for each type of operation.

OPERATION	RECEIPT
	\$
	\$

OPERATION	RECEIPT
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Are there any display/operations outside Canada? Yes No
 If Yes, please provide details and estimated receipts:

Are any goods distributed or sold outside Canada? Yes No
 If so, please describe and supply sales breakdown to each country:

8. Does applicant have any agreements assuming liability? Yes No
 If so, please describe and provide copies:

9. **Subcontractors.** Do you use sub-contractors? Yes No
 If Yes, please describe work sub-contracted and cost of subcontracted work:

Are subcontractors licensed technicians (if required to set off fireworks?) Yes No

Do you require all sub-contractors to provide evidence of liability insurance?
If No, please explain:

Yes No

If Yes, please advise what limits they are required to provide:

10. Where are supplies stored?

Please attach site plan with approximate distances to adjoining premises, etc.

11. How are they protected?

12. How are they transported?

13. List special permits or licenses required?

Maximum quantities in kilograms on hand? _____

14. Does applicant presently carry insurance?
If Yes, who is the present insurer:

Yes No

Premium: _____

Is the present insurance Claims Made?
If Yes, state retro date: _____

Yes No

Are they willing to renew?
If No, please explain:

Yes No

Does the policy cover all operations of the Insured?
 If No, please describe:

Yes No

15. Claims History

Include total costs from ground up for each claim, whether covered by insurance or not. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?
 If Yes, give details:

Yes No

16. Non-Owned Automobile

Number of employees using their automobile on company business:

Regularly _____ Occasionally _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details):

17. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time _____ Part Time _____

Nurses: _____ Full Time _____ Part Time _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed: Yes No

What are the emergency procedures in the event of an accident? (Attach written outline)

18. Please indicate limit(s) of liability required: _____

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**