

# FIREWORKS SUPPLEMENTAL APPLICATION

## TO BE COMPLETED IF FIREWORKS COVERAGE IS REQUESTED FOR YOUR EVENT.

Name of Insured: \_\_\_\_\_

1. Date(s) of fireworks exposure: \_\_\_\_\_

2. Beginning and ending hours of each session: \_\_\_\_\_

3. Specific location of fireworks display(s): \_\_\_\_\_

4. Estimated spectator attendance: \_\_\_\_\_

5. Name of organization shooting fireworks: \_\_\_\_\_

6. List names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded):

Name	Experience & Certification
a. _____	_____
b. _____	_____
c. _____	_____

7. Provide diagram of the fireworks display area, detailing the following information:

- a. Spectator fencing - distance from launch site to spectators
- b. Launch site
- c. Direction of launch
- d. Spectator parking area
- e. Concessions area
- f. Surrounding areas

8. Describe firefighting equipment on site of event:

9. If no firefighting equipment on site, give distance to nearest fire station: \_\_\_\_\_

Is fire protection    Volunteer    Paid?

10. Do you have an ambulance on site during all fireworks displays?    Yes    No

If no, give distance in miles to nearest medical facility: \_\_\_\_\_ miles \_\_\_\_\_ in minutes    Response Time: \_\_\_\_\_

11. Have you displayed fireworks before?    Yes    No

If yes, describe any claims/losses that have occurred and the amount of loss:

12. Limit of Liability requested (cannot be greater than event limit): \_\_\_\_\_