



FIREWORKS SUPPLEMENTAL APPLICATION

- 1. Name of Insured:
2. Date(s) of fireworks exposure:
3. Specific location of fireworks display(s):
4. Estimated spectator attendance:
5. Name of organization shooting fireworks:

Provide copy of contract with organization shooting fireworks.

- 6. Will other coverage be provided? YES NO
7. List names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded):

Name Experience

If insured is shooting fireworks, provide copy of current license.

- 8. Provide diagram of the fireworks display area, detailing the following information:
a. Spectator fencing
b. Launch site
c. Direction of launch
d. Spectator parking lot
e. Concessions area
f. Surrounding areas
9. Describe firefighting equipment on site of event:
10. If no firefighting equipment on site, give distance to the nearest fire station:
11. Do you have a licensed EMT-staffed ambulance on site during all fireworks displays:
12. Have you displayed fireworks before?
13. Limit of Liability requested (cannot be greater than the event limit):

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature Applicant's Name

Date