



**SUPPLEMENTAL QUESTIONNAIRE FOR PYROTECHNIC INFORMATION  
(TO BE COMPLETED FOR EACH EVENT)**

Named Insured: \_\_\_\_\_

1. Name of pyrotechnics company: \_\_\_\_\_

2. Date of pyrotechnics performance: \_\_\_\_\_

3. Experience of pyrotechnics firm and loss history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Full description of pyrotechnics being performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe surrounding location and precautions being taken.  
Include a diagram showing distances and types of barricades.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Who is in charge? \_\_\_\_\_ How many pyrotechnicians needed? \_\_\_\_\_

7. Are they licensed pyrotechnicians? \_\_\_\_\_ (Attach a copy of the license)

8. Are they an employee or subcontractor? \_\_\_\_\_

If subcontractor, do they have equal or higher limits of general liability with no pyrotechnic exclusions?

\_\_\_\_\_

9. Are they providing a certificate of insurance to our insured naming our insured as additional insured for this event?

\_\_\_\_\_

10. Are members of the local fire department on site? \_\_\_\_\_

11. Have the required permits been obtained? \_\_\_\_\_

12. Duration of pyrotechnics performance: \_\_\_\_\_