



APPLICATION for: **PYROTECHNICS SUPPLEMENTAL APPLICATION**

Please complete application and send all attachments.

Agent/Broker: _____ Date of Application: _____

Address: _____

Contact: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

1. Name of Insured: _____

2. Special Event to be covered: _____

Describe: _____

Type: _____ Date: _____

Location (Exact Address): _____

Is a permit required? Yes No

3. Who is the person responsible for the activity (i.e. pyrotechnician)? _____

Name: _____ Title: _____

Number of years experience at current position: _____ Attach résumé

What type of pyrotechnic license is held? State Federal

License No.: _____ Attach copy of license

4. What is the diameter of the effect being performed? _____

What materials are being used? _____

5. What is the proximity to people? _____ What is the proximity to property? _____

6. What is the number of times (including rehearsal) that the effect will be performed? _____

7. Are members of the fire department standing by? Yes No

If yes, do they have water supply? Yes No

8. Describe public protection for the Special Event: _____

9. If pyrotechnician is a subcontractor, do they have equal or higher limits of General Liability with no pyrotechnic exclusions? Yes No

10. Is pyrotechnician providing a Certificate of Insurance to the insured, naming the insured as an additional insured for this project? Yes No

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