K&K INSURANCE

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:_____
_____

6. Will other coverage be provided? ❏ Yes   ❏ No

   If yes, please attach copy of certificate with your name listed as additional insured (minimum limit of $1,000,000 required).

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. Is a permit required by State, City, County authority for this fireworks display?   ❏ Yes   ❏ No

   If yes, please explain_____
   _____

9. 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 lot

   e. Concessions area

   f. Surrounding areas

10. Describe firefighting equipment on site of event:_____
    _____

11. If no firefighting equipment on site, give distance to nearest fire station:_____

    Fire protection is: ❏ Volunteer   ❏ Paid

12. Do you have a licensed EMT-staffed ambulance on site during all fireworks displays?   ❏ Yes   ❏ No

    If no, give distance in miles to nearest medical facility:_____ and response time in minutes:_____

13. Have you displayed fireworks before?   ❏ Yes   ❏ No

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

14. Limit of Liability requested (cannot be greater than the event limit):   ❏ $500,000   ❏ $1,000,000

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   Producer's Signature (if applicable)

_____   _____
Applicant's Name (print)   Producer's Name (print)

_____   _____
Date (MM/DD/YY)   Date (MM/DD/YY)