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 CA# 0334819

FIREWORKS SUPPLEMENTAL APPLICATION

Name of Insured: _____

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

5. 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).

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

<u>Name</u>	<u>Experience</u>
_____	_____
_____	_____
_____	_____

7. Are fireworks: "over the counter type"? Yes No -or- permit required/professional Yes No

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 _____

Date (MM/DD/YY) _____