FIREWORKS SUPPLEMENT

Name of Insured: ____________________________________________________________________

Effective Dates of Coverage: ____________________________________________________________________

***PLEASE COMPLETE A SEPARATE QUESTIONNAIRE FOR EACH EVENT***

1. List the type of event and scheduled date: _____________________________________________  
   _______________________________________________________________________________
   _______________________________________________________________________________

2. Are Displays conducted by licensed pyrotechnicians? ………………………………___Yes ___No  
   Does the subcontractor carry liability coverage of at least $1,000,000 CSL? ………___Yes ___No 
   Is the entity included as Additional Insured on subcontractor’s policy? ……………___Yes ___No 

3. Estimated attendance at the event: _________________________________________________

4. Location of display (river, park, open field, etc.) ________________________________________  
   _______________________________________________________________________________

5. Distance from crowd: _____________________________________________________________

6. Distance to nearest structure: _______________________________________________________

7. How long will display last? _________________________________________________________

8. Will emergency vehicles be on premises? …………………………………………..___Yes ___No  
   *If yes, please provide number and type.
      Ambulances: ___________________________________________________________________
      ______________________________________________________________________________
      Fire Trucks: ___________________________________________________________________
      ______________________________________________________________________________

9. Describe the fire control measures to be in effect during the event: _________________________  
   _______________________________________________________________________________
   _______________________________________________________________________________

10. Any Beer/Wine/Liquor sales in area? ……………………………………………….___Yes ___No