

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:	
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? Wh	nat is the proximity to property?
6. What is the number of times (including rehearsal) that the effect w	vill 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 pyrotechnic exclusions?	limits of General Liability with no ☐ Yes ☐ No
10. Is pyrotechnician providing a Certificate of Insurance to the insur an additional insured for this project?	red, naming the insured as



11. Are guns involved?	
If yes, please complete questions 12 – 19.	
12. Have they acquired the necessary permits and notified the appropriate parties (ie. fire marshal)? Yes No	
13. Is the gun fake (metal, plastic or rubber), non-firing, functional blank-firing or full flash blank-firing?	
14. Is there an on-set gun handler that will be in charge of the gun at all times? Yes No	
Are they licensed? Yes No	
15. What are their procedures for safeguarding the gun in-between takes?	
16. How is the gun being used (shot out over the audience or up in the air) and how many times?	
17. Is the event indoors or outdoors?	
18. Is it a closed set? ☐ Yes ☐ No	
19. Will police be on set? ☐ Yes ☐ No	

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