

Brown & Brown of Garden City, Inc. 595 Stewart Avenue Garden City, NY 11530 P: (516) 247-5900 | F: (516) 217-1352

bbinsgc.com

FIREWORKS SUPPLEMENTAL APPLICATION

If no, give distance in miles to nearest medical facility:		ne or insurea:		
1. Name of organization shooting fireworks: 1. 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). 1. List names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded): Name Experience				
4. Name of organization shooting fireworks: Swill 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).	2.	Specific location of fireworks display(s):		
4. Name of organization shooting fireworks: 5. Will other coverage be provided? Yes	3.	Estimated spectator attendance:		
fl 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): Name Experience 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 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 f. Surrounding areas f. Surrounding areas f. Surrounding equipment on site of event: Fire protection is: Volunteer Paid fl. Do you have a licensed EMT-staffed ambulance on site during all fireworks displays? Yes fl no, give distance in miles to nearest medical facility: and response time in minutes: fl no give distance in miles to nearest medical facility: and response time in minutes: fl New you displayed fireworks before? Yes fl yes, describe any claims/losses that have occurred and the amount of loss: Yes fl Limit of Liability requested (cannot be greater than the event limit): \$500,000 \$1,000,000 understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, lest of my knowledge, all information provided is complete, true and correct.	4.			
6. List names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded): Name	5.	Will other coverage be provided? □ Yes □ No		
Name Experience		If yes, please attach copy of certificate with your name listed as additional insured (minimum limit of \$1,000,000 required).		
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 If yes, please explain	6.	<u>Name</u> <u>Experience</u>		
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: If no firefighting equipment on site, give distance to nearest fire station:		If insured is shooting fireworks, provide copy of current license. Is a permit required by State, City, County authority for this fireworks display?	□ Yes	□ No
11. If no firefighting equipment on site, give distance to nearest fire station: Fire protection is:		 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 		
Fire protection is:				
If no, give distance in miles to nearest medical facility: and response time in minutes: Yes 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	11.			
If no, give distance in miles to nearest medical facility: and response time in minutes:	10	•	□ Voo	□ 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 understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that the insurance coverage will rely information provided is complete, true and correct.	12.		u res	□ 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 understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that the event limit (see that the insurance coverage will rely information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that the event limit (see that the insurance coverage will rely information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that the event limit (see that the insurance coverage will rely information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that the event limit (see that the insurance coverage will rely information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that the event limit (see that the insurance coverage will rely information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that the event limit (see that the insurance coverage will rely information contained in the application and all other information being submitted.	10		□ Voo	— □ No
Limit of Liability requested (cannot be greater than the event limit): \$500,000 \$1,000,000 understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that west of my knowledge, all information provided is complete, true and correct.	١٥.			☐ No
understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely nformation contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, sest of my knowledge, all information provided is complete, true and correct.		11 you, decombe any staintenaged that have eccurred and the amount of 1000.		
understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely nformation contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, sest of my knowledge, all information provided is complete, true and correct.	14.	Limit of Liability requested (cannot be greater than the event limit): \$500,000 \$1,000,000		
nformation contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, best of my knowledge, all information provided is complete, true and correct.				
pest of my knowledge, all information provided is complete, true and correct.				
			I confirm th	at, to th
Innlicant's Signature Date (MM/DD/VV)	nnl	icant's Signature Date (MM/DD/YY)		