



Allen Financial Insurance Group

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PYROTECHNIC QUESTIONNAIRE

Please complete application and send all attachments:

Agent/Broker: _____ Date of Application _____

Address: _____

Contact: _____ Telephone Number: _____

E-Mail _____ Fax Number: _____

This information must be submitted to Travelers at least five (5) days prior to any Special Event involving pyrotechnics. Coverage for pyrotechnics is automatically excluded, unless this questionnaire is fully completed, submitted Travelers for review and written is approval given, as evidenced by endorsement to the policy.

1. Named Insured: _____

2. Special Event to be Covered: _____

3. Describe: _____

4. Type, Location (exact address) and date:

a) Type: _____

b) Location: _____

c) Date: _____

d) Is a Permit required? Yes No What Authority? _____

5. Who is the person responsible for the activity (e.g. Pyrotechnician)?

a) Name & Title _____

b) Number of years experience at current position _____ Attach Resume

c) What type of Pyrotechnic License is held? State Federal License # _____

d) Attach copy of license.

6. What is the diameter of the effect being performed and what materials are being used?

7. What is the proximity to people? _____

8. What is the proximity to property? _____

9. What is the number of times (including rehearsal) that the effect will be performed? _____

10. Are members of the fire department standing by? Yes No With water supply? Yes No

11. Describe public protection for the Special Event: _____