

Fireworks Liability Supplemental



Allen Financial Insurance Group

National Fire & Marine Insurance Company
 National Indemnity Company of the South
 (Complete in Addition to M-5593 General Liability Application)

Proposed Policy Effective Date: _____ Expiration: _____

1. Name of applicant: _____
2. Applicant type: Individual Partnership Corporation LLC Other, describe: _____
3. Mailing address: _____
4. Website: _____
5. Contact information for premium audits and inspections (name & phone): _____
6. Do you have any operations, exposures or ventures, active or inactive, not listed on this application? Yes No
 - a. If yes, provide details, including entity name(s) if applicable: _____
 - b. Do all above entities carry General Liability insurance? Yes No If yes, name of insurer(s): _____
7. Length of time in business: _____ Years of experience: _____
8. Account Summary

| Policy Period | Total Sales/Revenue | Payroll | # of Employees | # of Shows | Carrier | Premium |
|-----------------------|---------------------|---------|----------------|------------|---------|---------|
| 3 rd prior | | | | | | |
| 2 nd prior | | | | | | |
| Last year | | | | | | |
| Next year | | | | | | |

9. How many display shows do you anticipate conducting this year? _____
 - a. What is the average revenue per show? _____
 - b. What is the average attendance per show? _____
10. List the states you operate in as well as the number of display shows performed per state: _____
11. What is the largest city you operate in? _____ What is your radius of operations? _____
12. Sales/Revenue Breakdown

| Fireworks Class | Display Show Revenue | Retail Sales | Wholesale Sales |
|--------------------------------|----------------------|--------------|-----------------|
| 1.4G (Consumer Use) | | | |
| 1.3G (Licensed Technician Use) | | | |
| Self-Manufactured | | | |

13. Do you sell fireworks via the internet? Yes No If yes, provide annual sales: _____
14. Do you own or operate any retail fireworks sales establishments? Yes No
 If yes, provide the address and annual sales information for each establishment:

| Address | Sales |
|---------|-------|
| | |
| | |
| | |
| | |

15. Do you setup any fireworks display shows or demonstrations indoors? Yes No
If yes, describe location and provide annual revenue: _____
16. Do you do any hand firing? Yes No If yes, explain: _____
17. Do you use boats, barges or other watercraft to conduct your display show operations? Yes No
If yes, provide details including the number of vessels used and any watercraft identification numbers: _____
18. Are all pyrotechnicians certified? Yes No If yes, by whom? _____
19. Do you teach or facilitate pyrotechnical certification classes? Yes No
If yes, number of classes taught annually: _____ Average number of students per class: _____
20. Do you comply with the following National Fire Protection (NFPA) regulations?
NFPA 1123 (Fireworks Display Code) Yes No
NFPA 1124 (Manufacture/Transport/Retail Sales Code) Yes No
NFPA 1126 (Proximate Audience Display Standard) Yes No
If not, explain: _____
21. Please list all trade organizations of which you are a member: _____
22. Where do you store fireworks when not in use? _____
Describe all fire and accident prevention measures for the storage location: _____
23. Has any incident related to your business resulted in a fine, penalty, violation, demand for action, warning letter, search warrant or inquiry from any Federal, State or Local regulatory agency? Yes No
If yes, explain: _____
24. Do you utilize any of the following in your operations?
 Subcontractors Uninsured Subcontractors Casual Labor Volunteer Workers Leased Employees
25. Do you utilize any unpaid workers, including volunteers or family members? Yes No
If yes, explain their job duties: _____
26. Owners, Partners and Corporate Officers

| Name | Title & Duties | Payroll |
|------|----------------|---------|
| | | |
| | | |
| | | |

27. Do you carry Workers Compensation Insurance on your employees? Yes No
28. How many additional insured endorsements do you anticipate requiring in the upcoming policy period? _____

This Supplement is part of the Application and will be relied upon by the Company as an integral part of the Application.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

Applicant's Signature

Date