

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