

Fireworks Liability Supplemental Questionnaire

(Complete in Addition to M-1025 General Liability Application)

Policy Term From: _____ To _____

1. Name of Applicant: _____
(Complete one questionnaire for each named insured and for each risk.)
2. Describe all operations, in detail: _____

3. Contact information for surveys and inspections (name & phone): _____
4. Contact information for audits (name & phone): _____
5. Does the Applicant operate under any other names? Yes No If yes, please provide names & details: _____

6. Does your business maintain a web site? Yes No If yes, please list the web address: _____
7. Do you have any operations, exposures, or ventures, active or inactive, not listed on this application? Yes No
If yes, please answer 7a. & 7b. and provide details, including entity name(s): _____

- a. Are they insured? Yes No b. If insured, with whom? _____
8. Length of time in business? _____; Years of experience? _____
9. Applicant(s) will operate in the following states (please provide numbers of shows per state): _____

- a. What is the largest city in which you will work? _____ b. What is your radius of operation? _____
10. Do you comply with all standards of the National Fire Protection Association (NFPA) regulations?
Do you comply with all standards of the NFPA 1123 (Firework Display Code)? Yes No
Do you comply with all standards of the NFPA 1124 (Manufacture/Transport/Retail Sales Code)? Yes No
Do you comply with all standards of the NFPA 1126 (Proximate Audience Display Standard)? Yes No
If no, please provide explanation: _____
11. Do you maintain Worker's Compensation coverage for all employees? Yes No
If no, please provide explanation: _____
12. Usage of unpaid workers, including volunteers and family members:
Do you use unpaid workers to assist in the setup of fireworks displays or demonstrations? Yes No
Do you use unpaid workers to assist in the setting off of fireworks displays or demonstrations? Yes No
13. List all active owners, partners, officers, employees and their job duties/responsibilities:

INDIVIDUAL

DUTIES/RESPONSIBILITIES

Are all pyrotechnicians certified?
 Yes No If yes, by whom? _____

14. Please fill in the appropriate amount in each applicable space:

<u>CLASS</u>	<u>Display Revenue</u>	<u>Retail Sales</u>	<u>Wholesale Sales</u>
1.4G (Consumer use)	\$ _____	\$ _____	\$ _____
1.3G (Licensed technician use)	\$ _____	\$ _____	\$ _____
Manufactured by you	\$ _____	\$ _____	\$ _____

15. Will you do indoor displays? Yes No If yes, please provide location and receipt information: _____

16. Will you sell fireworks via the internet? Yes No If yes, please provide receipt information: _____

17. Do you own or operate any Retail fireworks sales locations? Yes No

If yes, indicate location and receipt information for each:

	Location	Receipts
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

18. Where do you store fireworks when not in use? _____

List all fire & accident prevention measures: _____

19. Account History for each of the past five (5) years plus the estimate for the next twelve (12) months:

POLICY PERIOD	RECEIPTS / REVENUE	PAYROLL	NUMBER OF EMPLOYEES	NUMBER OF SHOWS	CARRIERS	PREMIUM	DEDUCTIBLE
5 th prior	_____	_____	_____	_____	_____	_____	_____
4 th prior	_____	_____	_____	_____	_____	_____	_____
3 rd prior	_____	_____	_____	_____	_____	_____	_____
2 nd prior	_____	_____	_____	_____	_____	_____	_____
Last year	_____	_____	_____	_____	_____	_____	_____
Next year	_____	_____	_____	_____	_____	_____	_____

20. How many display shows do you anticipate conducting this year? _____

a. What are average receipts per show? _____ b. What is the average attendance per show? _____

21. What is the largest size of shell used in your display shows? _____

22. How many additional insured endorsements do you anticipate requiring in the upcoming policy period? _____

23. Please list all trade organizations of which you are a member: _____

24. Do you utilize any of the following in your operations?

Casual Labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Leased Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Workers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand Firing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Uninsured Subcontractors	<input type="checkbox"/> Yes <input type="checkbox"/> No

25. 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, please provide explanation: _____

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

Applicant's Signature

Date