

# Fireworks Liability Supplemental

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 <sup>rd</sup> prior						
2 <sup>nd</sup> 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 KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date