



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

**FIREWORKS/PYROTECHNICS SUPPLEMENTAL APPLICATION\***

**\*to accompany the General Application**

Named Insured:  
Risk Management Contact:  
Risk Management Email:

Risk Management's Phone:

**GENERAL INFORMATION**

1. Location of operation:
2. Total experience in this type of business: Years
3. Limit of liability requested: \$1,000,000 Other: \$
4. Description of events:
5. Location of events:
6. Date(s) of event(s):
7. Who is the authority having jurisdiction over the use of pyrotechnics at your facility?  
Local Fire Department State Fire Marshal  
Other: (please list)
8. What permit process must be followed prior to the use of pyrotechnics at your facility?
9. Have you staged pyrotechnic displays before? Yes      No  
 If yes, list any claims / losses that have occurred and the amount of loss:

Description	Date of Occurrence	Amount of Loss
a)		\$
b)		\$
c)		\$
d)		\$

10. Who will be the pyrotechnics operator?      Named Insured      Contractor

**Complete this section if the Pyrotechnics Operator is the Named Insured**

11. a) List names of people shooting and describe their experience.  
**Please note: This coverage will exclude bodily injury liability to the fireworks shooter**  
Name:      Experience:

b) Where are the pyrotechnics stored when not in use?

c) Does it meet federal / state storage regulation?      Yes      No

d) What quantity of pyrotechnic material is stored on site? (number of shows, pounds etc.)

e) Describe the type of show and amount of pyrotechnics used in recurring events:

f) Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:

g) Does the Applicant secure proper pyrotechnic permits for each event?      Yes      No

h) Are the shooters listed above licensed for pyrotechnics?      Yes      No

**Complete this section if the Pyrotechnics Operator is a Contractor**

12. a) Name:

b) Is there an agreement with the contractor?      Yes      No  
**If yes, attach a copy of the agreement.**

c) Will liability coverage be provided by the pyrotechnics contractor?      Yes      No  
If yes, please indicate limits of coverage provided:  
\$1,000,000      Greater than \$1,000,000      Other: \$

**Please attach a copy of certificate of insurance including any additional insured listing.**

13. a) Does the Applicant confirm that the contractor has secured the proper pyrotechnic permits for each event?      Yes      No

b) Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:



- c) Does the Applicant allow tenant users (including temporary tenant users) to conduct pyrotechnic displays either themselves or through a contractor? Yes No

If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met, and that insurance has been obtained from either the tenant or the tenant's contractor which lists you as an additional insured?

If no, does the tenant lease / use agreement indicate that pyrotechnic displays are not permitted? Yes No

- d) Are events with pyrotechnics held: Indoor Outdoor

- e) What type of pyrotechnics will be displayed (as defined in NFPA code 1126)?

Aerial Shells	Airbursts	Black Powder	Comets
Concussion Effects	Concussion Mortars	Electric Matches	Flares
Flash Pots	Flashpower	Gerbs	Integrals Mortars
Mines	Mortars	Rockets	Saxons
Wheels	Salutes	Waterfall, Falls, Park	Curtains
Other, please list:			

**OUTDOOR PYROTECHNICS**

**(Only complete if outdoor pyrotechnic displays are staged)**

1. Are the events in compliance with NFPA 1123 or 1126? (Code for fireworks display) Yes No
  
2. Is there fencing to keep spectators away from restricted areas during the fireworks shooting? Yes No  
 If yes, what is the distance of spectator fencing from launch site:  
 What is the distance of spectator parking area from launch site:  
 What is the distance of the closest building or structure from launch site:
  
3. Will there be firefighting equipment on site during the event? Yes No  
 If no firefighting equipment on site, give distance to nearest fire station:
  
4. Will the Applicant have an ambulance on site? Yes No  
 If no, what is the estimated response time of an ambulance:  
 If no, what is the distance to nearest medical facility:

**INDOOR PYROTECHNICS**

**(Only complete if indoor pyrotechnic displays are staged)**

1. Are the events in compliance with NFPA 1126? (Standard code for the use of pyrotechnics before a proximate audience)? Yes No
  
2. Is the facility sprinklered? Yes No



3. What other form of fire fighting equipment is available at the facility?

4. Does the facility have an emergency evacuation plan? Yes      No  
If yes, how often is the staff drilled on emergency evacuation?

5. Number of accessible (not locked) emergency exits at the facility:

6. What steps are taken to inform patrons of the locations of all emergency exits?

7. Maximum capacity of the facility:

8. Has the fire marshal approved the use of pyrotechnics at the facility? Yes      No  
If yes, as of what date:



**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN PENNSYLVANIA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW YORK:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)