

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

**Fireworks Liability Supplement
Completed in addition to Acord 125 and 126**

Named Insured: _____

Please list all affiliates/subsidiaries and their relationship to each other

Underwriting Information

Operations

Estimated Gross Sales \$ _____

Do you operations consist of:

_____ Displays	% _____	Wholesale Sales	% _____
_____ Mfg. / Assembly	% _____	Testing	% _____
_____ Retail Sales	% _____	Owned Fireworks Stands	% _____
		Non-owned Fireworks Stands	% _____ (Products Liability Only)

Operations % must total 100%

If other than the above, please provide explanation _____

Please list states in which you operate _____

Any operations outside the USA? Yes No If yes, please provide explanation _____

If manufacturing / assembly is a part of your operations, does your facility include

- a) Explosion proof light fixtures Yes No
- b) Walls made of reinforced concrete Yes No
- c) Does your operation meet guidelines established by NFPA, BATF
or other local, state, or federal agencies? Yes No
- d) What is the nearest non owned structure from your premises? _____

e) What are the hours of your operation? _____

f) How many days a week is the facility operating? _____

g) Please provide a site plan for your facility showing buildings and proximity.

If testing is a part of your operations, where is testing conducted? Your premises situated at _____
 or Off Site _____. If off site, please provide location and site plan. _____

Premises Coverage

(A) This section is reserved for the listing of permanent buildings you own, occupy, lease or rent involving your operations, i.e., Retail stores, Manufacturing, offices and storage.

- Site plan is required if more than 1 building at any location.
- Photographs required on all retail, manufacturing and storage facilities.

Physical Location	Occupancy	Square Footage	# of Months Occupied

Do any of your retail stores have a “safe zone” for the firing of product purchased at your facility? Yes No
 If yes, please identify location and provide information pertaining to this exposure. _____

Do you use bunkers for storage of fireworks? Yes No
 If yes, please provide location(s) and number of bunkers. _____

Do you use trailers/containers for storage of fireworks? Yes No
 If yes, please provide location(s) and number of trailers. _____

Premises Coverage – Fireworks Stands Class C 1.4g

(B) This section is reserved for the listing of OWNED, temporary fireworks stands which you operate.

Location	# of Stands	Period of Operation

Display Liability

Class B 1.3g

Gross Sales _____

of Displays _____

Avg. Display Amount _____

Largest Display Amount _____

% of Outdoor Displays _____

% of Indoor Displays _____

of Certified/Licensed Pyrotechnicians _____

Employed by you _____

Class C 1.4g

Gross Sales _____

of Displays _____

Avg. Display Amount _____

Largest Display Amount _____

% of Outdoor Displays _____

% of Indoor Displays _____

of Certified/Licensed Pyrotechnicians _____

Employed by you _____

Are all displays conducted and/or supervised by certified/licensed pyrotechnicians? Yes No

If no, please provide explanation: _____

If yes, are pyrotechnicians _____ Employees _____ Temporary Workers _____ Sub-Contractors (If sub-contractors, please provide a copy of the contract utilized between you and the sub-contractor)

Do you enter into a written contract with display clients Yes No

What percentage of your fireworks displays are _____ Electronically Launched _____ Manually Launched

Do you or your employee(s) examine a show site prior to the shooting of the display to plan firing positions? Yes No

Do you conduct any fireworks displays from barges? Yes No

If yes, you will need to discuss this in detail with your agent at which time additional information and applications will be required to enable your agent to place the appropriate coverage as **BARGE DISPLAYS ARE NOT AUTOMATICALLY COVERED.**

Products

Do you wish to purchase a) Class B 1.3g Products Liability Yes No
b) Class C 1.4g Products Liability Yes No

If yes, please provide Class B 1.3g Gross Sales \$ _____

Class C 1.4g Gross Sales \$ _____

Do you manufacture your own fireworks? Yes No

If yes, please provide annual sales \$ _____

If no, from whom do you purchase the fireworks? _____

Do you sell pre-packaged displays a.k.a. "package shows/ship shows" to non-pyrotechnic companies wherein you are not involved in the actual fireworks display? Yes No

If yes, please provide Gross Sales \$ _____

of shows expected _____

Please note: Package Show Liability only available with purchase of Product Liability. This coverage does not provide general liability insurance for the event/display.

Certificates issued regarding "Package Shows" will provide evidence of Product Liability ONLY.

I hereby certify that the information provided herein is true and correct. I understand that this supplement will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed