



FIREWORKS SUPPLEMENTAL APPLICATION

Name of Insured: _____ Date(s) of fireworks exposure: _____

Specific location of fireworks display(s): _____ Estimated spectator attendance: _____

Name of organization shooting fireworks: _____

****Provide copy of contract with organization shooting fireworks.**

Will other coverage be provided? Yes No

****If yes, please attach Certificate of Insurance with your name listed as additional insured (minimum limit of \$1,000,000 required).**

****If insured is shooting fireworks, provide copy of current license.**

Provide diagram of the fireworks display area, detailing the following information:

1. Spectator fencing-distance from launch site to spectators
 2. Launch site
 3. Direction of launch
 4. Spectator parking lot
 5. Concessions area
 6. Surrounding areas
-

Describe firefighting equipment on site of event: _____

If no firefighting equipment on site, give distance to nearest fire station: _____

Do you have a licensed EMT-staffed ambulance on site during all fireworks displays? Yes No

If no, give distance in miles to nearest medical facility: _____ and response time in minutes: _____

Have you displayed fireworks before? Yes No

WSIB Motorsports Insurance, 950 W Monroe St. Suite G200, Jackson, MI 49202
www.wsibinsurance.com

It is understood that the Insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted.



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Describe any claims/losses that have occurred and the amount of loss: _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent, and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

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