



SUPPLEMENTAL QUESTIONNAIRE FOR PYROTECHNIC INFORMATION (TO BE COMPLETED FOR EACH EVENT)

Named Insured: _____

1. Name of pyrotechnics company: _____

2. Date of pyrotechnics performance: _____

3. Experience of pyrotechnics firm and loss history: _____

4. Full description of pyrotechnics being performed: _____

5. Describe surrounding location and precautions being taken. Include a diagram showing distances and types of barricades.

6. Who is in charge? _____ How many pyrotechnicians needed? _____

7. Are they licensed pyrotechnicians? _____ (Attach a copy of the license)

8. Are they an employee or subcontractor? _____

If subcontractor, do they have equal or higher limits of general liability with no pyrotechnic exclusions?

9. Are they providing a certificate of insurance to our insured naming our insured as additional insured for this event?

10. Are members of the local fire department on site? _____

11. Have the required permits been obtained? _____

12. Duration of pyrotechnics performance: _____

Insured's Signature

Date