

FIREWORKS AND PYROTECHNICIANS APPLICATION

**PLEASE ANSWER ALL QUESTIONS
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant:** _____
 (And all Subsidiaries) _____

2. **Mailing address:** _____

Website Address: _____

Other Locations: _____

3. How long has applicant been in business under the above name?: _____

4. Describe prior experience in this business under another name: _____

5. Describe the operations of the applicant and any subsidiaries. _____

6. Description of Displays:

INDOOR (Including Types of Venue)	Est. No. of Displays	Duration (Mins.)		Average Cost	Maximum Cost	Avg. No. of Spectators	Max. No. of Spectators
		Avg.	Max.				

OUTDOOR (Including Types of Venue)	Est. No. of Displays	Duration (Mins.)		Average Cost	Maximum Cost	Avg. No. of Spectators	Max. No. of Spectators
		Avg.	Max.				

Any special effects work (e.g. motion picture or TV productions using explosives or other devices)

YES NO

If "Yes", please indicate:

Type of Work	Location	Receipts	Duration of Work

Please attach details of previous displays, effects or other works.

Please indicate minimum distance of spectators from fireworks.

For INDOOR : _____ For OUTDOOR : _____

Please describe safety precautions taken in each situation: _____

Are the fireworks or effects handled and set off by licensed or qualified individuals?

Are fireworks set off in strict compliance with industry standards?:

Will Fire Department personnel be in attendance? Please provide details.

Is Fire Marshall approval sought?

Please attach photocopy of principal's license.

Please list:

NUMBER OF PYROTECHNICIANS	QUALIFICATIONS AND CLASS OF PYROTECHNICS AUTHORIZED FOR	NO. OF YEARS EXPERIENCE

Are all employees covered under WSIB?

YES NO

If "No", please list numbers by job description and estimated payroll. _____

TYPES OF PYROTECHNICS USED OR SOLD	MANUFACTURER	COUNTRY OF ORIGIN	EVIDENCE OF PRODUCT LIABILITY SUPPLIED

If imported fireworks are used, are they licensed for use by Canadian Government authorities?

7. **Receipts.** Please provide breakdown of estimated annual receipts for each type of operation.

OPERATIONS	RECEIPTS
	\$
	\$
	\$

Are there any display/operations outside Canada?

YES NO

If "Yes", please provide details and estimated receipts: _____

Are any goods distributed or sold outside Canada? If so, please describe and supply sales breakdown to each country _____

8. Does applicant have any agreements assuming liability?

YES NO

If so, please describe and provide copies.

9. **Subcontractors.** Do you use sub-contractors?

YES NO

If Yes, please describe work sub-contracted and cost of subcontracted work. Are subcontractors licensed technicians (if required to set off fireworks?) _____

Do you require all sub-contractors to provide evidence of liability insurance?

YES NO

If "No" please explain: _____

If "Yes" please advise what limits they are required to provide: _____

10. Where are supplies stored? _____

Please attach site plan with approximate distances to adjoining premises, etc.

11. How are they protected? _____

12. How are they transported? _____

13. List special permits or licenses required? _____

Maximum quantities in kilograms on hand? _____

14. Does applicant presently carry insurance? YES NO

If yes, who is present insurer? _____ Premium: _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

Are they willing to renew? YES NO

If no, please explain: _____

Does the policy cover all operations of the Insured? YES NO

If no, please describe: _____

15. Claims History:

Include total costs from ground up for each claim, whether covered by insurance or not. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, give details: _____

16. Non-Owned Automobile

Number of employees using their automobile on company business: Regularly ____ Occasionally ____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

(Please provide details): _____

17. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____
Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed? YES NO

What are the emergency procedures in the event of an accident? (Attach written outline)

18. Please indicate limit(s) of liability required: _____

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKER NAME: _____
ADDRESS: _____

PHONE NO.: _____
FAX NO.: _____

Email Form

Print Form