

FIREWORKS QUESTIONNAIRE



A DIVISION OF INNOVATION GROWTH PARTNERS SPECIALTY, LLC

Name of Insured: _____ Date(s) of fireworks exposure: _____
Specific location of fireworks display(s): _____ Est spectator attendance: _____
Name of organization shooting fireworks: _____

**Provide copy of contract with organization shooting fireworks. If insured is shooting fireworks, provide copy of current license.

Will other coverage be provided? Yes No

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

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

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 questionnaire 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

Applicant's Name (Print)

Date (MM/DD/YY)

Producer's Signature (if applicable)

Producer's Name (Print)

Date (MM/DD/YY)

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