

**Professional Program Insurance Brokerage (PPIB)**

**EMAIL to: certs@ppibcorp.com**

**REQUEST FORM FOR DISPLAY CERTIFICATE OF INSURANCE**

**Insured:** \_\_\_\_\_

Certificate Holder

Name & Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Insured: **DO NOT INCLUDE OTHER FIREWORKS COMPANIES, SHOOTERS OR RESCUE TEAMS. WHEN LISTING PERSONAL NAMES, INCLUDE RELATIONSHIP TO DISPLAY (LOCALLY LICENSED PYROTECHNICIAN, SPONSOR, ETC.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location Address of Display/Effect \_\_\_\_\_

Date of Display: \_\_\_\_\_ Rain Date (if applicable): \_\_\_\_\_

Type(s) of Discharge:

\_\_\_\_ 1.3G (Class B) Aerial Fireworks

\_\_\_\_ 1.4G (Class C) Aerial Fireworks

\_\_\_\_ Special Effects



Will the display run past midnight? \_\_\_\_\_

E-mail Address to which we should send the certificate:

\_\_\_\_\_

Date of Request: \_\_\_\_\_

Revision of Certificate dated (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**DISPLAY WILL BE SHOT BY A LICENSED PYROTECHNICIAN IF THE STATE REQUIRES LICENSING**