

Professional Program Insurance Brokerage (PPIB)

FAX to: 415-475-4303 OR

EMAIL to: certs@ppibcorp.com

Questions? Call Debbie Merlino

Phone# 866-893-9510

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**