

Professional Program Insurance Brokerage (PPIB)

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Questions? Call Debbie Merlino

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CERTIFICATE OF INSURANCE REQUEST – Pyrotechnics (non-display)

INSURED: _____

Certificate Holder

Name & Address: _____

Certificate Holder's

relationship to the insured: _____

Additional Insured(s):

Address of Event/Operations: _____

Dates of Operations (if applicable): _____

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

Date of Request: _____

Revision of Certificate Dated (if applicable): _____

Comments: _____

**REQUESTS FOR CERTIFICATES FOR FIREWORKS/SPFX DISPLAYS or RETAIL STANDS
SHOULD BE SUBMITTED ON A DIFFERENT FORM**