



CERTIFICATE OF INSURANCE
REQUEST FOR FIREWORKS STAND



PROFESSIONAL PROGRAM
INSURANCE BROKERAGE
Division of SPG Insurance Solutions, LLC

Named Insured on the Policy: _____

- Coverage for limits of \$1,000,000 Each Accident/\$1,000,000 General Aggregate

Location of Fireworks Stand (Include full address and zip code)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Operator of Fireworks Stand (Include full name and address and contact number)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Additional Insured:

1) Name: _____ Mailing Address: _____

2) Name: _____ Mailing Address: _____

Dates of Operation of Stand:

Start Date: _____ Final Day: _____

Certificate Holder: (This is typically the owner of the property where the stand will be located)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

To what E-mail address should we deliver the certificate of insurance? _____

WARRANTY

It is agreed and evidenced by the signature below, that all product used for the operation of the fireworks stand referenced above, will be purchased solely from _____. I (we) further understand that this certificate of insurance and coverage it may provide, is null and void, if product is used from a source other than _____.

Authorized Signature: _____ Date: _____

Send the completed form with your payment made out to Professional Program Insurance Brokerage in the amount of _____ (premium \$345.00 plus state tax) per stand.

Mail payments to:

Professional Program Insurance Brokerage
1304 Southpoint Blvd., Ste. 101
Petaluma, CA 94954