



Thank you for your trust in PPIB to support you with your Insurance needs. We're thrilled to do business with you and help protect what matters most to you. To get started, please follow these steps:

### **How to Submit Application**

1. Complete Application -- Fill out the required information on the next few pages.
2. Save Application -- Once completed, save a copy to your computer so you can email it.
3. Sign Application -- Ensure it is signed by the business owner, either electronically or printed and signed.
4. Submit Application -- Send signed application to **submissions@ppibcorp.com**.

### **What to Expect Next?**

After receiving your application, we will send you a confirmation email acknowledging receipt.

Within 3-5 business days, one of our insurance experts will reach out to you with any follow-up questions or a quote, depending on the status of your submission.

If you need the quote expedited, please indicate this when you submit your application via email.

If you need further assistance with the application, or have additional questions, please feel free to contact us at:

PHONE:  
415.475.4300  
877.655.0123

Submissions: [submissions@ppibcorp.com](mailto:submissions@ppibcorp.com)

FAX:  
415.475.4303

## **Let's Get Started**

Fill Out Application on Next Page





If you have questions while completing this application, please contact  
Debbie Merlino at 866-893-9510 or dmerlino@combinedspecialties.com



PROFESSIONAL PROGRAM  
INSURANCE BROKERAGE  
Division of SPG Insurance Solutions, LLC

### PYROTECHNIC LIABILITY INSURANCE

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

*(Provide name exactly as it would READ on permits and tax documents)*

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Address (1): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Address (2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Address (3): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

*(Attach additional sheet, if more than 3 business addresses)*

Business operated as:  LLC  LLP  Corporation  Partnership  Individual

Year company was Established: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Are you a member of following?  APA  PGI  NFA  Other: \_\_\_\_\_

List all states you may operate in: \_\_\_\_\_

Do you operate in the state of Illinois?  Yes  No If Yes, provide percentage of work done there: \_\_\_\_\_%

Do you operate in any US territories or any other countries?  Yes  No If Yes, where? \_\_\_\_\_

<i>Gross Sales</i>		
	<b>Last 12 Months</b>	<b>Next 12 Months</b>
<b>Total Annual Sales:</b>		
<i>Breakdown of Above Sales</i>		
<b>Manufacturing/Assembly:</b>		
Class B (1.3)		
Class C (1.4)		
<b>Displays:</b>		
Class B Displays		
Class C Displays		
Ship Shows		
SPFX		
<b>Sales:</b>		
Class B (1.3)		
Class C (1.4)		
<b>Clubs/Associations:</b>		
Event and Due Revenue		
<b>Other:</b>		

# PYROTECHNIC LIABILITY INSURANCE

## SECTION I: GENERAL INFORMATION

1. General Liability Limit Desired:  \$1M  \$2M  \$3M  \$4M  \$5M  Other: \_\_\_\_\_
2. Describe nature of your business/operations: \_\_\_\_\_
3. Do you own or operate any other business, even ones not involved in fireworks?  Yes  No
  - a. If Yes, provide details: \_\_\_\_\_
4. Do you have any subsidiaries or related entities, active or inactive not listed above?  Yes  No
  - a. If Yes, provide details: \_\_\_\_\_
5. Are you licensed as necessary for all work operations?  Yes  No
6. Do you maintain worker's compensation coverage for all employees and shooters?  Yes  N/A – No Employees/Shooters
7. Is a formal safety program in operation?  Yes  No
  - a. If No, explain why: \_\_\_\_\_
8. For Class B Products, can you provide a product list with "EX" Numbers?  Yes  No
9. Have any of your operations changed in the last year (Renewal Clients ONLY)?  Yes  No
  - a. If Yes, please explain: \_\_\_\_\_

## SECTION II: DISPLAY OPERATIONS

If this Section does not apply, Check Here

1. Display Liability Desired:  \$1M  \$2M  \$3M  \$4M  \$5M  Other: \_\_\_\_\_
2. Do you have any shows that will require higher limits?  Yes  No
  - a. If Yes, provide number of shows: \_\_\_\_\_
  - b. If Yes, provide limits being requested:  \$3M  \$4M  \$5M  Other: \_\_\_\_\_
3. How many displays do you anticipate this policy year? \_\_\_\_\_
4. Do you have any fixed location displays, with 10 or more dates throughout the year?  Yes  No
  - a. If Yes, provide name and address of location: \_\_\_\_\_
5. Are you subject to and in total compliance with all the following standards of the National Fire Protection Association (NFPA) regulations?
  - a. NFPA 1123 (Firework Display Code)  Yes  No  N/A
  - b. NFPA 1126 (Proximate Audience Display Standard)  Yes  No  N/A
6. Do you use subcontractors and/or independent contractors?  Yes  No
  - a. If Yes, describe what type of work: \_\_\_\_\_
  - b. Are all subcontractors require to carry General Liability and Workers Compensation Insurance?  Yes  No
  - c. Do you use written contracts containing hold harmless agreements with subcontractors  Yes  No
  - d. Do you require all subcontractors to name you as an additional insured?  Yes  No
  - e. Do you obtain certificates of insurance from all subcontractors?  Yes  No
    - i. If Yes, indicate minimum occurrence limit of liability: \_\_\_\_\_
  - f. Annual subcontracted work cost? \_\_\_\_\_
7. Do you keep records that enable you to identify, with certainty, the source of all products used in each display?  Yes  No
8. If doing Class B displays, do you have a testing program?  Yes  No
9. Do you lease or own barges for displays?  Yes  No
  - a. If Yes, what is the maximum size leased/owned? \_\_\_\_\_

## PYROTECHNIC LIABILITY INSURANCE

<b>SECTION III: SALES</b>	<b>If this Section does not apply, Check Here</b> <input type="checkbox"/>
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1. Will you operate fireworks stands at any point during the year?  Yes  No
  - a. If Yes, will these stands be operated by:  Your business  Someone else
2. Will you perform any demonstrations of products you sell?  Yes  No
3. Are you subject to and in total compliance with all the following standards of the National Fire Protection Association (NFPA) regulations?
  - a. NFPA 1124 (Retail Sales/ Manufacture/ Transport Codes)  Yes  No  N/A
4. Do you keep records that enable you to identify with certainty, the source of all products sold?  Yes  No

<b>SECTION IV: HISTORY</b>
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1. Do you Currently have Insurance coverage?  Yes  No

<u>Insurer:</u>	<u>Policy #</u>	<u>Liability Limits:</u>	<u>Premium:</u>	<u>Exp. Date:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Has your current or any other prior insurance company cancelled coverage or give non-renewal notice for any reason? If Yes, please explain:  Yes  No

3. Indicate all claims or loss (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years?  Yes  No

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Amt Paid</u>	<u>Amt Reserved</u>	<u>Claim Status</u> <u>(Open or Closed)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Do you have knowledge of an event, circumstance, or occurrence (other than listed above) prior to the effective date of the proposed policy, or are you aware that a claim may be brought as a result of said event, circumstance or occurrence? If Yes, describe event:  Yes  No

5. **Attach 5-year Loss Runs from Expiring Carrier**

### ATTESTATION

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued. I authorize and consent to investigations of information and/or agree to release to the Company, any documents, records, or other information that pertains to my business. I understand and agree these investigations shall not be confined to information submitted in this application but shall include any other sources of information deemed relevant by the Company as may be authorized by law. I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.**

_____ APPLICANT SIGNATURE	_____ DATE SIGNED
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_____ TITLE	_____ REQUESTED EFFECTIVE DATE
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**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	(ACCEPT) I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD.....
	(DECLINE) I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Carrier

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

## PYROTECHNIC PROPERTY INSURANCE

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

*(Provide name exactly as it would READ on permits and tax documents)*

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Address (1): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Address (2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Address (3): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business operated as:       LLC       LLP       Corporation       Partnership       Individual

Year company was Established: \_\_\_\_\_ Years of Experience: \_\_\_\_\_ Annual Gross Receipts: \_\_\_\_\_

**If you wish to cover loss of business income (blanketed for all locations), indicate limit to be covered: \$** \_\_\_\_\_

Are you in compliance with any applicable ATF, OSHA, NFPA and State Standards including separation and storage quantities?       Yes       No

If No, please explain: \_\_\_\_\_

Do any of these locations have non-pyrotechnic operations?       Yes       No      If Yes, describe: \_\_\_\_\_

### HISTORY

1. Do you Currently have Insurance coverage?       Yes       No

<u>Insurer:</u>	<u>Policy #</u>	<u>Property Limits:</u>	<u>Premium:</u>	<u>Exp. Date:</u>
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\_\_\_\_\_

2. Do you have any property claims in the past 5 years, whether or not insured? If Yes, complete the below.       Yes       No

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Amt Paid</u>	<u>Amt Reserved</u>	<u>Claim Status</u> <u>(Open or Closed)</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. **Attach Loss Runs from Expiring Carrier**

### ATTESTATION

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued. I authorize and consent to investigations of information and/or agree to release to the Company, any documents, records, or other information that pertains to my business. I understand and agree these investigations shall not be confined to information submitted in this application but shall include any other sources of information deemed relevant by the Company as may be authorized by law. I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

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\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
REQUESTED EFFECTIVE DATE

# PYROTECHNIC PROPERTY INSURANCE

## LOCATION SUPPLEMENT

(Complete for **EACH** location/building/structure)

Location/BLDG #: \_\_\_\_\_ / \_\_\_\_\_ How many Buildings/Structures at this Location: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

How many months per year is this building being used? \_\_\_\_\_

What is the building being used for?  Retail Store  Office  Manufacturing  Storage  Other: \_\_\_\_\_

What type of products are stored? \_\_\_\_\_

If explosives/flammable items stored here, check which protections are used:  Explosive Proof Lights/Switches

Static Arrestors  Lightning Rod/Grounding  Other \_\_\_\_\_

Type of Building:  Concrete Block  Wood/Steel Frame  Metal Shipping Container  Pole Barn  Other: \_\_\_\_\_

Year Built/Manufactured: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**If the building is over 20 years old, provide the YEAR the following were updated (if applicable)**

Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_ HVAC: \_\_\_\_\_

**Roofing Material (Tile, Metal, Wood Shingles, etc.):** \_\_\_\_\_

### Limits to be Insured:

**Building Coverage:** \$: \_\_\_\_\_ Do you own the building?  Yes  No

**Tenant Improvements and Betterments:** \$: \_\_\_\_\_

**Business Personal Property/Equipment:** \$: \_\_\_\_\_

Does any of this property move between structures at this location throughout the year?  Yes  No

**Sign:** \$: \_\_\_\_\_

**Stock (Inventory):** \$: \_\_\_\_\_

Does any of this property move between structures at this location throughout the year?  Yes  No

**Stock (Inventory) Peak Season Increase:** \$: \_\_\_\_\_

Does any of this property move between structures at this location throughout the year?  Yes  No

**Peak Season Dates:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Do you need coverage for any of this property in Transit or at a Temporary Location (another address)?**  Yes  No

If Yes, provide limit to be covered: \$: \_\_\_\_\_

### Questions:

Are you inside city limits?  Yes  No

1. Is smoking allowed on premises?  Yes  No

2. Location Fire Protection:

Fire Department: \_\_\_\_\_ Is this a volunteer Fire Department?  Yes  No

Distance to Fire Department: \_\_\_\_\_ Source of Water (tank, pond hydrant): \_\_\_\_\_

### **Loss Payee for this Location:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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Policyholder/Applicant's Signature

\_\_\_\_\_  
Carrier

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date