

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/7/2015 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

Totaliouto Holder III lied of Such	endorsement(s).					
PRODUCER Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street		CONTACT NAME: PHONE (A/C, No, Ext):216-658-7100 (A/C, No): E-MAIL ADDRESS:				
Cleveland OH 44114		INSURER(S) AFFORDING COVERAGE	NAIC #			
Melrose Pyrotechnics, Inc. Kingsbury Industrial Parkway Heinold Complex Kingsbury IN 46345		INSURER A :Everest Indemnity Insurance Co.	10851			
		INSURER B : Everest National Insurance Company	10120			
		INSURER C: Texas Mutual Insurance Company				
		เทรบRER ป :Maxum Indemnity Company	26743			
		INSURER E :				
COVERACES		INSURER F:				
	OFFICIOATE MUMBER					

COVERAGES	CERTIFICATE NUMBER: 138368128	REVISION NUMBER:
THIS IS TO CERTIFY THAT	THE POLICIES OF INSUBANCE LISTED DELOW HAVE DEEN	TOOLIED TO THE WOLLET
MINIO IO TO OLIVIII I IIIAI	THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN	ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO
INDICATED. NOTWITHSTA	NDING ANY REQUIREMENT. TERM OR CONDITION OF ANY (CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE

CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INCUPANOE	ADDL						
		INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			SI8ML00042-151	1/15/2015	1/15/2016	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$500,000 \$
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
_	POLICY X PRO- JECT LOC							\$
В	AUTOMOBILE LIABILITY			SI8CA00025-151	1/15/2015	1/15/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)	\$
	AUTOS AUTOS						BODILY INJURY (Per accident)	\$1,000,000
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
D	UMBRELLA LIAB X OCCUR			EXC6017975	1/15/2015	1/15/2016	EACH OCCURRENCE	\$4,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$4,000,000
	DED RETENTION \$							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			STA0001170205 (TX)	6/28/2014	6/28/2015	X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A				E.L. EACH ACCIDENT	\$500,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							

DISPLAY DATE: February 22, 2015 with a rain date of February 23, 2015 LOCATION: Life Downs, Laredo, Texas ADDITIONAL INSURED: WBCA; County of Webb; L.I.F.E. Downs; Texas Parks and Wildlife; C.L.E.A.R. Range

CERTIFICATE HOLDER	CANCELLATION
Washington's Birthday Celebration 1819 E. Hillside Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Laredo TX 78041	AUTHORIZED REPRESENTATIVE
	April Land

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Texas Department of Insurance State Fire Marshal's Office

Application for Class B Fireworks (Fireworks 1.3G) Singular or Multiple Display Permit
Site Inspection Certification

1.	Name of applicant Melrose Pyrotechnics, Inc.					
	Address P.O. Box 302	Tele	phone	219-393-55	22	
	City Kingsbury					345
2.				approxi	- 1	1
	Alternate date of display February 23, 2015			approximat		
3.	Location and/or alternate location for the display LIFE Down	ns, Laredo,				
		200				
4.	As the fire prevention officer, I approve of the display site and have	e reviewed the s	ite diagran	ո. ը	Yes	□ No
5.	I approve of the location and manner for storage of display firework	ks before and du	uring the di	splay.	Yes	□ No
6.	I approve of the potential landing area for fireworks debris.				Yes	□ No
7.	The display is to be conducted in compliance with TX Occupations Regulation of Fireworks & Fireworks Displays and the Fireworks R	s Code, Rules.			Yes	□ No
8.	My approval is subject to the following conditions.					
	List conditions, if applicable, or indicate "None"					i i
	None					
9.	As the appropriate fire prevention officer, I have inspected the disp nature or in a location that may be hazardous to property or danger marshal of the results of the inspection as required in Sec. 2154.20	rous to any pers	on. This fo	orm is my notice t	o the sta	ay is of a ate fire
	Signature of fire prevention officer	rel	Da	te	/20/	5
	Printed name of fire prevention officer Ricardo A.	Rangel	Titl	e Fire	Chie	f
	Department Webb County Volunteer Fire]	Dept. T	elephone N	No. 954-	-523	3-5700
	Email address: RIRangelo Webb County tx. 9	POV M	lobile Phor	ne No. 95/2 -	286-	9049

Telephone No. Fax No. Web Site Address 512-305-7930 512-305-7922 www.tdi.texas.gov/fire