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 <u>Melrose Pyrotechnics</u> , Inc.						
	Address P.O. Box 302	Te	lephone	219-393-5522			
	City Kingsbury	State _	IN	Zip Code _	le _46345		
2.	Date of display February 21, 2016		Time	approximat	ely	8:0	0 pm
	Alternate date of display February 22, 2016		Time	approximat	ely	8:0	mq 0
3.	Location and/or alternate location for the displayLIFE_Downs	, Lar	edo, TX				
4.	As the fire prevention officer, I approve of the display site and have revi	ewed the	e site diagran	n. 🗹	Yes		lo
5.	I approve of the location and manner for storage of display fireworks be	fore and	during the d	splay.	Yes	□ N	0
3.	I approve of the potential landing area for fireworks debris.				Yes	□ N	0
7.	The display is to be conducted in compliance with TX Occupations Cod Regulation of Fireworks & Fireworks Displays and the Fireworks Rules.		Yes	□ N	0		
8.	My approval is subject to the following conditions.						
	List conditions, if applicable, or indicate "None"						
	None						
	, , ,						
9.	As the appropriate fire prevention officer, I have inspected the display s nature or in a location that may be hazardous to property or dangerous marshal of the results of the inspection as required in Sec. 2154.206, C	to any pe	erson. This f	orm is my notice to	I display	y is of te fire	<u>—</u> а
	Signature of fire prevention officer // Kleans A / Klangel		Da	ate ///2/	201	6	
	Printed name of fire prevention officer Ricardo A. Ran	gel	Ti	tle <u>Fire C</u>	hier	F_	
	Department Webb County Volunteer Fire Dep	H .	Telephone	No. <u>954-52</u>	3-5	700)_
	Email address: RIR angel & Webb county tx. gov		Mobile Pho	one No. 957-2	86-	904	9

 Telephone No.
 512-305-7930

 Fax No.
 512-305-7922

 Web Site Address
 www.tdi.texas.gov/fire



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/6/2016

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

	ne terms and conditions of the policy certificate holder in lieu of such endor	, cert seme	aın p ent(s)	oolicies may require an e).	endorser	ment. A sta	tement on th	nis certificate do	es not c	onfer r	ights to the	
PR	DDUCER		(-)		CONTAC	СТ						
Bri	ton Gallagher				NAME: PHONE				FAX			
One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114					(A/C, No, Ext):216-658-7100 FAX (A/C, No):210 E-MAIL ADDRESS:						58-7101	
					INSURER(S) AFFORDING COVERAGE						NAIC#	
						R A :Everest		10851				
INSURED						INSURER B : Everest Indemnity Insurance Co. INSURER B : Everest National Insurance Company						
Melrose Pyrotechnics, Inc.						INSURER C: Liberty Mutual Insurance Co						
Kir	gsbury Industrial Parkway inold Complex					Indemnity C				25035		
	inold Complex igsbury IN 46345		INSURE		indemnity C	опрапу	20/43		26743			
	gobary ne 40040											
COVERAGES CERTIFICATE NUMBER: 156007679						INSURER F: 9 REVISION NUMBER:						
٦	HIS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HA	VE BEEN	V ISSUED TO	THE INCLIDE	D NAMED ABOV	E FOR T	HE DOL	ICY PERIOR	
E	CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT. POLIC	AIN, CIES.	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT	OR OTHER	DOCUMENT WITH				
INSI	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	rs.		
Α	GENERAL LIABILITY			SI8ML00042-161		1/15/2016	1/15/2017				000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED		\$1,000,		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occu		\$500,00	30	
								MED EXP (Any one p		\$		
								PERSONAL & ADV I		\$1,000,		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$2,000,	000	
	V PRO-							PRODUCTS - COMP	'/OP AGG			
В	AUTOMOBILE LIABILITY			010010000000000000000000000000000000000		1/45/0040		COMBINED SINGLE	TIMIT	\$		
	w T			SI8CA00025-161	1/15/20	1/15/2016	1/15/2017	(Ea accident)		\$1,000,000		
	ALL OWNED SCHEDULED					BODILY INJURY (Pe		· · · · · · · · · · · · · · · · · · ·				
	X HIRED AUTOS X NON-OWNED AUTOS								DDILY INJURY (Per accident) \$			
								PROPERTY DAMAG (Per accident)	ccident) \$			
D	LIMPRELLATION									\$		
٦	UMBRELLA LIAB X OCCUR	EXC6017975			1/15/2016	1/15/2017	EACH OCCURRENC	E	\$4,000,000			
	X EXCESS LIAB CLAIMS-MADE DED RETENTION \$							AGGREGATE		\$4,000,000		
_										\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC134S319733 (IN)		4/1/2015	4/1/2016	X WC STATU- TORY LIMITS	OTH- ER	 -		
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCIDEN	1T	\$1,000,000		
								E.L. DISEASE - EA EMPLOYEE \$1,000		000		
								E.L. DISEASE - POLICY LIMIT \$1,000,000			000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach	ACORD 101, Additional Remarks	Schedule,	if more space is	required)					
DIS	SPLAY DATE: February 21, 2016 wit	h a ra										
ILO	CATION: Life Downs, Laredo, Texas	3		-								
l _{AD}	DITIONAL INSURED: WBCA; Coun	ty of '	vveb	b; L.I.F.E. Downs; Texa	as Parks	and Wildli	fe; C.L.E.A.	R. Range				
CF	PTIFICATE HOLDER				04116	F1 1 4 = 10 11						
	RTIFICATE HOLDER				CANC	ELLATION						

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

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FPO-1746148

Expiration Date: 05-22-2016

EFFECTIVE DATE: 05-22-2007

FIREWORKS PYROTECHNIC OPERATOR'S LICENSE

TEXAS DEFARTMENT OF INSURANCE STATE FIRE MARSHAL'S OFFICE

DATE ISSUED: April 15, 2:015

Chris Connealy, State Fire Marshal

SF081|0115

Issued To:

MITZEL, KIM J 7075 W PIPPIN DR MICHIGAN CITY IN 46360 License Number SEO-1644052

Expiration Date: 09-10-2016

EFFECTIVE DATE: 09-10-2010

FIREWORKS SPECIAL EFFECTS OPERATOR'S LICENSE

TEXAS DEPARTMENT OF INSURANCE
STATE FIRE MARSHAL'S OFFICE

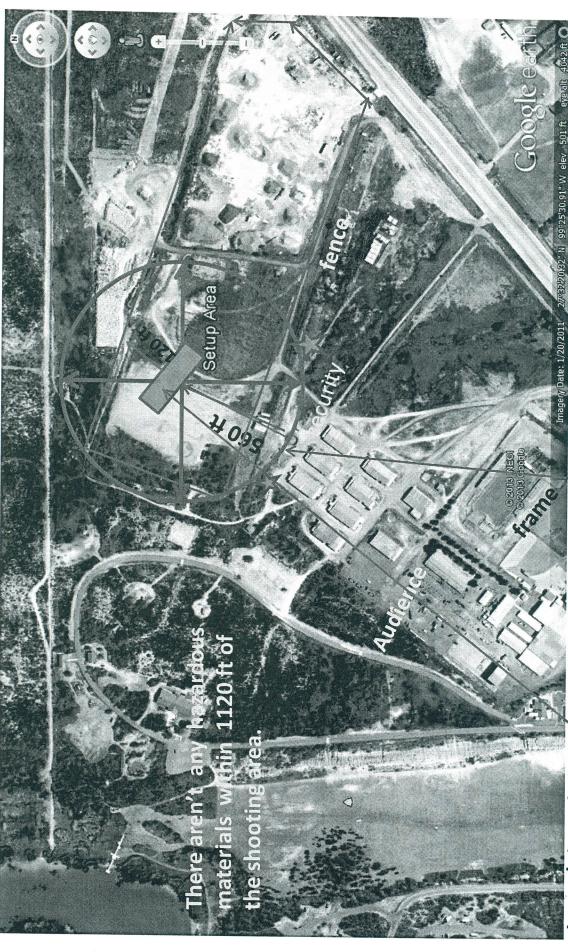
DATE ISSUED: August 5, 2015

Chris Connealy, State Fire Marshal

SF081|0115

Washington's Birthday Celebration 6872 US Hwy 59 Laredo, Texas

8"Max Shells / 6" Angles 1/4/2016 Wynn Cramer



Site is fenced in. No health care, detention, correctional facilities, schools or churches within Site Radius: 560' From Setup Area. 1120 ft of set up area. North end of rack banks are 120 ft. from the north fence. Setup Area: 25' x 120' Launch Location: X

Washington's Birthday Celebration February 21, 2016

Shell Summary:

Approximately: $42-2 \frac{1}{2}$ " aerial display shells

243 - 3" aerial display shells

137 – 4" aerial display shells

68 – 5" aerial display shells

24 – 6" aerial display shells

2 - 8" aerial display shells

12 – Roman Candle

12 – Multi-Shot Box items

1 – 5' X 20' frame