

**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 Telephone 219-393-5522
City Kingsbury State IN Zip Code 46345
2. Date of display February 19, 2017 Time approximately 8:00 pm
Alternate date of display February 20, 2017 Time approximately 8:00 pm
3. Location and/or alternate location for the display LIFE Downs, Laredo, TX

4. As the fire prevention officer, I approve of the display site and have reviewed the site diagram. Yes No
5. I approve of the location and manner for storage of display fireworks before and during the display. 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 Code, Regulation of Fireworks & Fireworks Displays and the Fireworks Rules. Yes No

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 site(s) to determine whether this proposed display is of a nature or in a location that may be hazardous to property or dangerous to any person. This form is my notice to the state fire marshal of the results of the inspection as required in Sec. 2154.206, Chapter 2154, Texas Occupations Code.

Signature of fire prevention officer  Date January 12, 2017

Printed name of fire prevention officer Ricardo A. Rangel Title Fire Chief

Department Webb County Volunteer Fire Department Telephone No. 956-523-5700

Email address: rirangel@webbcountytexas.gov Mobile Phone No. 956-286-9049

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)
1/11/2017

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).


PRODUCER Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C, No, Ext): 216-658-7100 FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS:														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :Everest Indemnity Insurance Co.</td> <td>10851</td> </tr> <tr> <td>INSURER B :Everest National Insurance Company</td> <td>10120</td> </tr> <tr> <td>INSURER C :Liberty Mutual Insurance Co</td> <td>25035</td> </tr> <tr> <td>INSURER D :Maxum Indemnity Company</td> <td>26743</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :Everest Indemnity Insurance Co.	10851	INSURER B :Everest National Insurance Company	10120	INSURER C :Liberty Mutual Insurance Co	25035	INSURER D :Maxum Indemnity Company	26743	INSURER E :		INSURER F :
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INSURED Melrose Pyrotechnics, Inc. Kingsbury Industrial Parkway Heinold Complex Kingsbury IN 46345															

COVERAGES **CERTIFICATE NUMBER:** 1327840127 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS 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 INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			SI8ML00042-171	1/15/2017	1/15/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			SI8CA00025-171	1/15/2017	1/15/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EXC6017975	1/15/2017	1/15/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC134S319733 (IN)	4/1/2016	4/1/2017	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
DISPLAY DATE: February 19, 2017 with a rain date of February 20 2017
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 Washington's Birthday Celebration 1819 E. Hillside Road Laredo TX 78041	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Issued To:

MITZEL, KIM J
7075 PIPPIN DR
MICHIGAN CITY IN 46360-9176

License Number
FPO-1746148
Expiration Date: 05-22-2017
EFFECTIVE DATE: 05-22-2007



FIREWORKS PYROTECHNIC OPERATOR'S LICENSE
TEXAS DEPARTMENT OF INSURANCE
STATE FIRE MARSHAL'S OFFICE

DATE ISSUED: June 1, 2016

Chris Connealy
Chris Connealy, State Fire Marshal

SF081|0115

Issued To:

MITZEL, KIM J
7075 PIPPIN DR
MICHIGAN CITY IN 46360-9176

License Number
SEO-1644052
Expiration Date: 09-10-2017
EFFECTIVE DATE: 09-10-2010



FIREWORKS SPECIAL EFFECTS OPERATOR'S LICENSE
TEXAS DEPARTMENT OF INSURANCE
STATE FIRE MARSHAL'S OFFICE

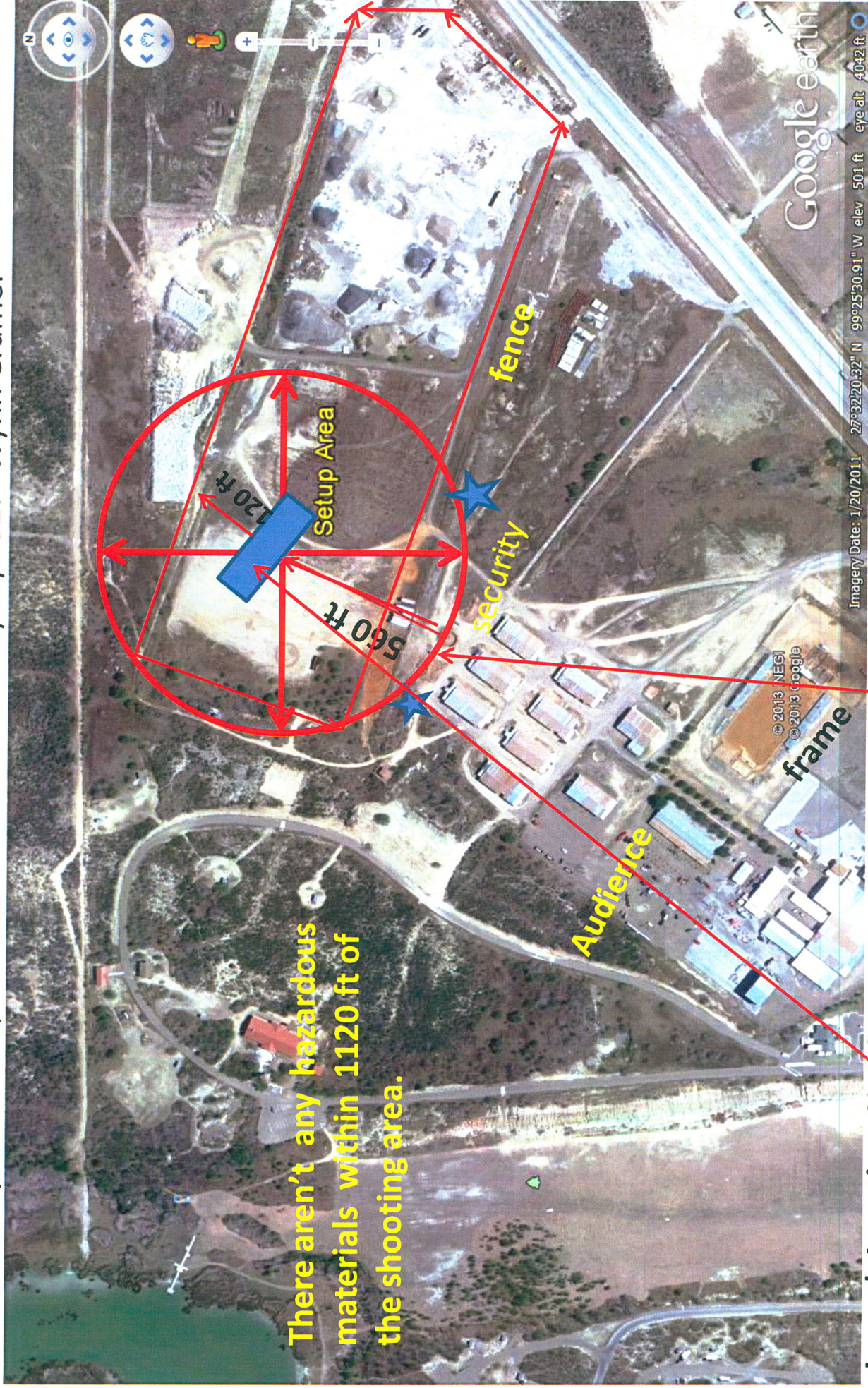
DATE ISSUED: September 12, 2016

Chris Connealy
Chris Connealy, State Fire Marshal

SF081|0115

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

8" Max Shells / 6" Angles
1/11/2017 Wynn Cramer



Launch Location: X Setup Area: 25' x 120' Site Radius: 560' From Setup Area.

Site is fenced in. No health care, detention, correctional facilities, schools or churches within 1120 ft of set up area. North end of rack banks are 120 ft. from the north fence.

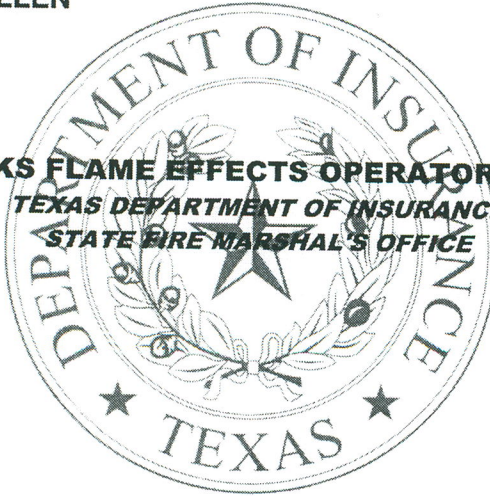
Issued To:

CREASY, RICHARD ALLEN
10544 BUCCANEER PT
FRISCO TX 75034-9262

License Number
FEO-1740500
Expiration Date: 02-25-2018
EFFECTIVE DATE: 02-25-2005

FIREWORKS FLAME EFFECTS OPERATOR'S LICENSE

TEXAS DEPARTMENT OF INSURANCE
STATE FIRE MARSHAL'S OFFICE



DATE ISSUED: December 28, 2016

Chris Connealy

Chris Connealy, State Fire Marshal

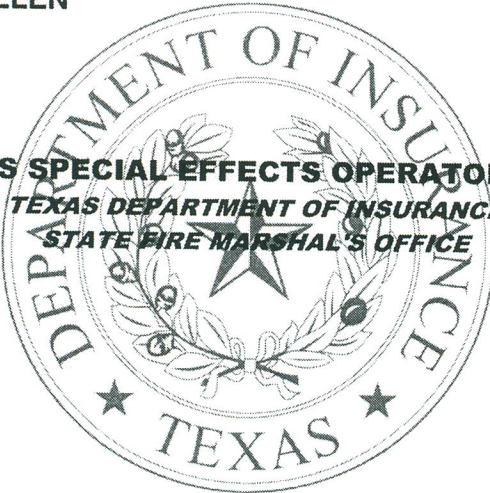
Issued To:

CREASY, RICHARD ALLEN
10544 BUCCANEER PT
FRISCO TX 75034-9262

License Number
SEO-1741228
Expiration Date: 12-29-2017
EFFECTIVE DATE: 12-29-1998

FIREWORKS SPECIAL EFFECTS OPERATOR'S LICENSE

TEXAS DEPARTMENT OF INSURANCE
STATE FIRE MARSHAL'S OFFICE



DATE ISSUED: December 28, 2016

Chris Connealy

Chris Connealy, State Fire Marshal

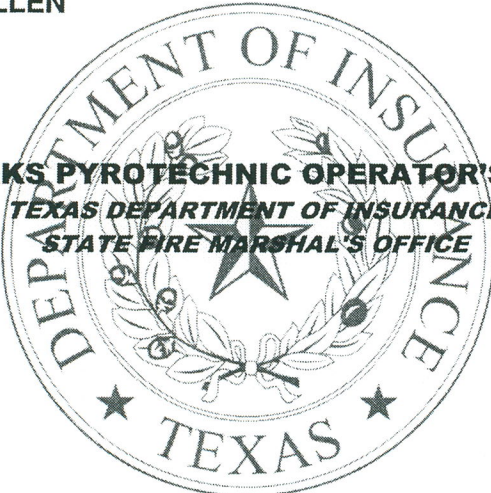
Issued To:

CREASY, RICHARD ALLEN
10544 BUCCANEER PT
FRISCO TX 75034-9262

License Number
FPO-1741296
Expiration Date: 02-18-2018
EFFECTIVE DATE: 02-18-1987

FIREWORKS PYROTECHNIC OPERATOR'S LICENSE

TEXAS DEPARTMENT OF INSURANCE
STATE FIRE MARSHAL'S OFFICE



DATE ISSUED: December 28, 2016

Chris Connealy

Chris Connealy, State Fire Marshal

Washington's Birthday Celebration
February 19, 2017

The Shell Summary is a guesstimate at this time. We do not have the music finalized yet; therefore, the show has not been programmed at this time.

Approximately: 42 – 2 ½” 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