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**

Address P.O. Box 302		Te	lephone	219-393-55	522		
city Kingsbury		State _	IN	_ Zip Code	4634	15	
Date of display February	23, 2020		Time	approxima	ately	8:	00
Alternate date of display			Time				
ocation and/or alternate location	for the display LIFE D	owns, Lar	edo, TX				
			'A - 4'		. Van		No
As the fire prevention officer, I ap					Yes		500
approve of the location and mar		orks before and	auring the a	ispiay.	Yes		No
approve of the potential landing	area for fireworks debris.				Yes	П	No
The display is to be conducted in Regulation of Fireworks & Firewo	compliance with TX Occupations of the Displays and the Firework	ons Code, s Rules.			Yes		No
My approval is subject to the follo							
ist conditions, if applicable, or in	dicate "None"	ONE					
As the appropriate fire prevention nature or in a location that may be marshal of the results of the insp	e hazardous to property or dar	ngerous to any p	person. This	form is my notice	to the st	ay is ate fi	of a ire
Signature of fire prevention office	or Fil No	y O		Date 01- 2			
Printed name of fire prevention o	fficer FE/IX NL	NEZ	Т	itle ASS			
1106h C	DUNTY FIRE DE	PT.	Telephone	No. 956	52	33	57
Email address: CapT							

Fax No.

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/16/2020

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

PRODUCER	CONTACT NAME:	
Britton Gallagher One Cleveland Center, Floor 30	PHONE (A/C. No. Ext):216-658-7100 E-MAIL	FAX (A/C, No):216-658-7101
1375 East 9th Street Cleveland OH 44114	ADDRESS: INSURER(S) AFFORDING CO	VERAGE NAIC
	INSURER A :Everest Indemnity Insuran	ce Co. 10851
INSURED	INSURER B : Arch Specialty Insurance C	Company
Melrose Pyrotechnics, Inc.	INSURER C:	
Kingsbury Industrial Parkway Heinold Complex Kingsbury IN 46345	INSURER D:	
	INSURER E :	
Tringsbury III 40040	INSURER F:	

REVISION NUMBER: COVERAGES CERTIFICATE NUMBER: 1015233792

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.

ISR	TYPE OF INSURANCE	INSR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		1/15/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	\$500,000 \$
	CLAIMS-MADE X OCCUR					PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
- 1	POLICY X PRO- JECT LOC						S
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
3	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	AUTOS						s
В	UMBRELLA LIAB X OCCUR		Arch binder	1/15/2020	1/15/2021	EACH OCCURRENCE	\$4,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$4,000,000
	DED RETENTIONS						s
	WORKERS COMPENSATION					WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	s
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	S
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s

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.

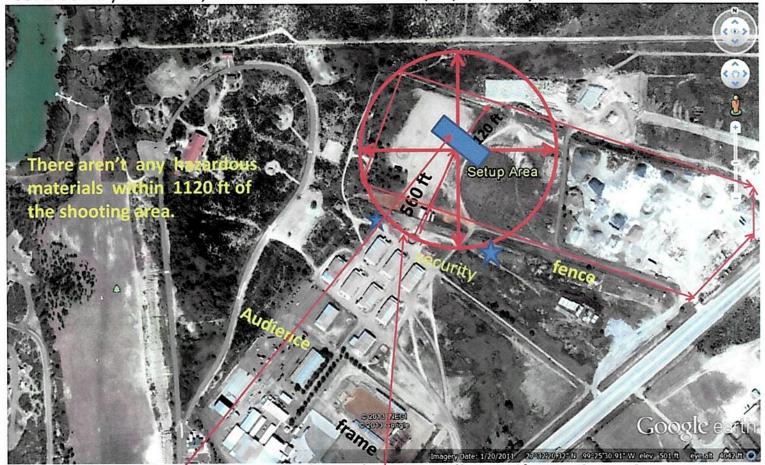
DISPLAY DATE: February 23, 2020

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 Laredo TX 78041	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		
	プイン		

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

8"Max Shells / 6" Angles 09/27/2017 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.

Washington's Birthday Celebration February 23, 2020

Approximately: $235 - 2\frac{1}{2}$ " aerial display shells

358 – 3" aerial display shells

115 – 4" aerial display shells

52 – 5" aerial display shells

3 - 8" aerial display shells

13 Roman Candles

28 Multi Shot Box items

1 5'X20' frame

