



FIREWORKS QUESTIONNAIRE

Name of Insured: _____ Date(s) of fireworks exposure: _____
 Specific location of fireworks display(s): _____ Est spectator attendance: _____
 Name of organization shooting fireworks: _____

****Provide copy of contract with organization shooting fireworks. If insured is shooting fireworks, provide copy of current license.**

Will other coverage be provided? Yes No

****If yes, attach Certificate of Insurance with your name listed as additional insured (minimum limit of \$1,000,000 required).**

Provide diagram of the fireworks display area, detailing the following information:

1. Spectator fencing-distance from launch site to spectators
2. Launch site
3. Direction of launch
4. Spectator parking lot
5. Concessions area
6. Surrounding areas

Describe firefighting equipment on site of event: _____

If no firefighting equipment on site, give distance to nearest fire station: _____

Do you have a licensed EMT-staffed ambulance on site during all fireworks displays? Yes No

If no, give distance in miles to nearest medical facility: ____ and response time in minutes: ____

Have you displayed fireworks before? Yes No

Describe any claims/losses that have occurred and the amount of loss:

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the questionnaire and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (Print)

Producer's Name (Print)

Date (MM/DD/YY)

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