

Fireworks/Pyrotechnics Application

Email completed application to submit@midman.com.

(800)800-4007 | midlandsmgt.com

Midlands Producer Number: _____

I. APPLICANT INFORMATION:

Retail Agent: _____

Retail Agent's Address: _____

Retail Agent's City, State, and Zip _____

Effective Date: _____ Need Quote by: _____

Name of Applicant: _____

Applicant's Main Address: _____

Website: _____ Years in business: _____

Corp: ☐ Partnership: ☐ Individual: ☐ Joint Venture: ☐

Other: _____

Years in business and experience of principals:

Detailed description of operation(s):

Primary Location: (Include County) _____

Additional Locations: _____

Has any part of the applicant's organization ever operated under a different name? Yes ☐ No ☐
(Explain yes response.)

Note: Any operations or entities not shown and explained will not be covered by any insurance that might be provided.

Financial Information:

	Payrolls:	Gross Receipts:		# of Employees:
		Domestic	Foreign	
a. Next 12 months:				
By Class Code:				
1 st Code:				
Add class code:				
b. Expiring policy period:				
c. Prior 12 months:				
d. Prior 12 months:				
e. Prior 12 months:				
f. Prior 12 months:				

Breakdown of your sources for Products sold by you:

Manufactured by you: (includes assembly if final products carry your name) _____ %

Directly imported: _____ %

Obtained from domestic manufacturers or domestic importers: _____ %

Breakdown of your sales:

To wholesalers: _____ %

To retailers: _____ %

Retail to public: _____ %

Mail order to the public: _____ %

Internet to Public: _____ %

Type of Sales:

"Non-Fireworks" (snappers, poppers, etc): _____ %

"Safe & Sane" (CA Definition): _____ %

Bottle Rockets and Missiles: _____ %

Other Class 1.3 g/1.4 s ("B") _____ %

Other Class 1.4 g ("C") _____ %

All other products (please explain): _____

II. OPERATIONS:

1. Are you a certified member of a Pyrotechnic Association? If yes, which ones? ☐Yes ☐No _____
2. Check the boxes that apply to your operations:
☐ Manufacturer ☐ Wholesale ☐ Retail ☐ Display ☐ Other
If other, please explain: _____
3. If manufacturing, assembling, or blending do you have a formalized process safety management program required by OSHA? Yes No
4. Does your operation currently meet construction, building separation and storage guidelines established by NFPA, BATF or other local, state or federal regulatory agencies? Yes No
5. Have you been cited by any regulatory agency for unsafe practices or controls within the past three years? If yes, explain below: Yes No

III. TESTING:

1. Are you a participant in the ASFL independent testing program? Yes No
2. Do you conduct product performance testing based on the American Pyrotechnic Association's Testing Program? Yes No
3. Do you have your own written testing program? If yes, please attach a copy. Yes No

IV. QUALITY CONTROL:

1. Please provide specifics on your procedures used to verify the quality of imported products:
2. What percentage of products are manufactured to your specifications and/or guidelines? _____ %
3. Do you have your own written quality control procedures in place? Yes No
If yes, please attach a copy.
4. If yes to question 3, how often are the procedures reviewed, revised, or updated? _____
5. How do you dispose of by-products of the manufacturing process?

V. RETAIL EXPOSURES:

1. Number of location operated by you: # _____ Sales: \$ _____
2. Number of locations, operated under your name by non-employees/independent contractors: # _____ Sales: \$ _____
3. Number of non-owned locations/vendors selling your products: # _____ Sales: \$ _____
4. Number of Temporary Retail Stands: # _____ Sales: \$ _____
(Important Notice: According to state and federal law, any individual or corporation, who is not properly licensed, cannot charge insurance premium to others. The undersigned hereby agrees that insurance costs have not been charged to non-owned stands.)
5. Number of customers requiring vendors coverage: # _____

VI. PREMISES:

1. Please provide a name and address for each location that premises coverage is being requested for:
2. Please provide the specific information requested below on all retail, manufacturing, and/or storage facilities:

Location of Facility:

 - a. Size (capacity, area, acreage, etc):
 - b. Neighboring and/or surrounding exposures:
 - c. Amount of storage capacity/number of bunkers:
 - d. Date of most recent regulatory inspection:
 - e. Detail any non-compliance issues and steps taken toward compliance:

VII. SHOWS/DISPLAYS:

1. Estimated number of shows/displays you expect to do in the next 12 months? _____
2. Actual number of shows/displays performed in the past 12 months? _____
3. Percentage of shows performed outdoors: _____ %
4. Attach a list of the largest five past shows performed over the past year including a description of the venue.
5. Do you sell Class 1.3 g/1.4 s ("B") fireworks to other pyrotechnic firms for use in their own shows/displays? Yes No
If yes, amount of sales: \$ _____
6. Do you sell "packaged" shows to non-pyrotechnic firms where you are not involved in the firing of the show/display? Yes No
If yes, amount of sales: \$ _____
7. Have you established your own written qualifying guidelines that "packaged" show customers must meet before you will sell products to them? Yes No
If yes, please attach a copy of these guidelines to this application.
8. Please provide specifics on all ongoing or continuous display contracts (example, nightly shows at an amusement park). Include the number of shows, nature and duration of the display:

VIII. PYROTECHNICIANS:

1. Number of employed certified Pyrotechnicians: _____
2. Number of certified Pyrotechnicians working under contract: _____
Please provide a copy of the contract used.
3. Do you provide Workers Compensation insurance to all pyrotechnic workers? Yes No

IX. PROCEDURES:

1. Are all shoots/displays performed by or supervised by a certified Pyrotechnician? Yes No
2. Do you use a formal contract with display clients? Yes No
If yes, please provide a copy of the contract.
3. Do you conduct your shoots/displays within the framework of the NFPA code 1126? Yes No
4. Do you have your own written safety procedures for:

- All site set up? Yes No

- Display set up? Yes No

- Shooting/Firing? Yes No

- Recovery of a failed/faulty shell? Yes No

- Site Clean up? Yes No

If yes to any of the above, please attach a copy.

X. INSURANCE

Past Insurance History: (1 is expiring year)					
Year	1	2	3	4	5
Carrier					
Per Occ. Limit:					
General Agg. Limit:					
Prod/Comp Ops Aggregate					
Pers. Inj & Adv.:					
Fire Damage:					
Employee Benefits:					
Deductible/SIR:					
Premium:					

1. Is your current policy (year 1)? ☐ Claims made or ☐ Occurrence

If claims made, list retroactive date _____

2. List any specific coverages or endorsements that are on the expiring policy including those sub-limited:

3. Has any carrier cancelled or refused to renew in the last 5 years?
(If yes, please explain)

☐ Yes ☐ No

4. The Workers Compensation Experience Modifier is: _____

XI. LOSS HISTORY

Loss Summary (5 years) (Attach loss runs valued in the last 3 months)

Policy Period	# Claims	Paid		Open Reserve		Expense		Total Incurred
		BI	PD	BI	PD	BI	PD	

Provide details on any individual losses over \$25,000.

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Name:	Signature
Title:	Date:

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