

**APPLICATION FOR FIREWORKS DISPLAY OR
PYROTECHNICS SPECIAL EFFECTS PERMIT
FIRE PREVENTION BUREAU**

*PLEASE FILL OUT ITEMS MARKED AND RETURN TO:

FIRE PREVENTION BUREAU
DES MOINES FIRE DEPARTMENT
2715 Dean Avenue
DES MOINES, IA 50317-7905
PHONE: (515) 283-4240 OR FAX: (515) 283-4907

******APPLICATION MUST BE FILED AT LEAST FOURTEEN (14) DAYS PRIOR TO EVENT BY
DISPLAY OR SPECIAL EFFECTS COMPANY ******

PERMIT FEE: \$200.00 (Make check payable to *City of Des Moines*)

CHECK ONE: *FIREWORKS DISPLAY PERMIT () PYROTECHNICS SPECIAL EFFECTS MATERIALS PERMIT ()

**** Des Moines Fire Dept Inspectors may require a pyrotechnics demonstration prior to the event. The Inspector will contact the Display Company if one is required. ****

* **NAME OF DISPLAY OR SPECIAL EFFECTS COMPANY:**

* DISPLAY OR SPECIAL EFFECTS COMPANY PHONE NUMBER:

* DISPLAY OR SPECIAL EFFECTS COMPANY ADDRESS:

* CONTACT NAME & PHONE FOR PERSON WHO WILL BE ON SITE TO OPERATE DISPLAYS:

* EVENT NAME AND ORGANIZATION NAME:

* DATE(S) AND TIME(S) OF DISPLAY OR EFFECTS:

* EVENT LOCATION:

* EVENT DIAGRAM WITH MEASUREMENTS: (ATTACH OR USE BACK OF FORM)

* DESCRIPTION OF DISPLAY OR EFFECTS (AERIAL, GROUND, SET PIECES, SIZE, QUANTITIES, ETC.):

* ATTACH COPY OF FEDERAL LICENSES:

* CERTIFICATE OF INSURANCE OR BOND IN AMOUNT OF: (NOT LESS THAN \$5,000,000)
CERTIFICATE OF INSURANCE to be provided per Attachment 1. Applicant agrees to comply with the insurance and indemnification requirements specified in Attachment 1.

* ADMISSION CHARGED: YES () NO () _____

PERMIT NO.:

DATE ISSUED:

FIRE PREVENTION BUREAU APPROVAL:

DATE:

POLICE DEPARTMENT APPROVAL:

DATE:

LEGAL DEPARTMENT APPROVAL:

DATE:

PERMIT FEE OF \$200.00 PAID

RECEIPT NO.:

BY:

DATE:

CITY OF DES MOINES, IOWA

FIREWORKS/PYROTECHNICS PERMIT INSURANCE AND INDEMNIFICATION REQUIREMENTS

(Fireworks Permit)

For purposes of this Attachment, the term “City” shall mean the City of Des Moines, Iowa, including its elected and appointed officials, employees, agents, volunteers, boards, commissions and others working on its behalf.

I. GENERAL PROVISIONS

- *Permitee* shall purchase and maintain insurance, as required below, throughout the duration of the Permit.
- Insurance companies may be either “admitted” or “nonadmitted” to do business in the State of Iowa and shall have an A.M. Best Rating of B+ or greater.
- Insurance policies shall be written on an occurrence basis and in form and amounts and with companies satisfactory to the City, unless otherwise approved by the City.
- Certificates of Insurance evidencing insurance coverage shall be submitted to the City prior to commencement of activities authorized under this Permit and upon policy renewals throughout the duration of this Permit (*see Proof of Insurance below*).
- The City shall receive 30 days written notification of cancellation of insurance.

II. INSURANCE REQUIREMENTS

A. Commercial General Liability Insurance

- i. Coverage – Bodily injury and Property Damage.
- ii. Policy Form – Standard ISO Commercial General Liability Policy (CG 0001 with standard exclusions) or its non-ISO equivalent form.
- iii. Limits – Fireworks or Pyrotechnics Permit: No less than a \$5,000,000 per occurrence and aggregate CSL. An Umbrella or Excess Liability policy may be added, if necessary, to meet this limit.
- iv. Limits – Fire, Open Flames, Other Flammable Material – Outside in an open area: No less than a \$2,000,000 per occurrence and aggregate CSL. An Umbrella or Excess Liability policy may be added, if necessary, to meet this limit.
- v. Other – *The (1) Venue shall be indicated and (2) Individual or Organization contracting for the fireworks/pyrotechnics display services shall be included as an Additional Insured.*
- vi. Policy must include –
 - (a) Contractual Liability
 - (b) Premises and Operations
 - (c) Products/Completed Operations
 - (d) Independent Contractors Coverage
 - (e) Personal and Advertising Injury
 - (f) Explosion, Collapse and Underground

B. Proof – Certificate of Insurance

- Certificate Holder – Submit Certificate(s) of Insurance to:
 - City of Des Moines, Iowa*
 - Fire Prevention Bureau*
 - 4937'F gcp' Cxgpgw*
 - Des Moines, IA 50339*
- Shall specify:
 - *City of Des Moines, Iowa – Fireworks Permit*

- *Name of Event*
- *Date of Event*
- *Name of Venue*
- *Name of Additional Insured individual or organization (see II.A.v. above)*
- SAMPLE CERTIFICATE - Complete Certificate(s) of Insurance as per the attached Sample Certificate.

III. INDEMNIFICATION PROVISION

To the fullest extent permitted by law, *Permitee* agrees to defend, pay on behalf of, indemnify, and hold harmless the City against any and all claims, demands, suits, damages or losses, together with any and all outlay and expense connected therewith, including but not limited to attorneys' fees and court costs, that may be asserted or claimed against, recovered from or suffered by the City by reason of any injury or loss, including, but not limited to, personal injury, including bodily injury or death, property damage, including loss of use thereof, and economic damages arising out of or in any way connected or associated with *Permitee's* permitted activities.

Permitee's obligation to indemnify the City contained in this Agreement is not limited by the amount or type of damages, compensation or benefits payable under any workers' compensation acts, disability benefit acts, or other employee benefit acts.

The City shall not be liable or in any way responsible for any injury, damage, liability, claim, loss or expense incurred by *Permitee*, its officers, employees, subcontractors, and others affiliated with *Permitee*, arising out of or in any way connected or associated with *Permitee's* permitted activities, except for and only to the extent caused by the negligence of the City of Des Moines, Iowa.

Permitee expressly assumes full responsibility for any and all damages to City property arising out of or in any way connected or associated with *Permitee's* permitted activities including, but not limited to, the activities of *Permitee*, its officers, employees, subcontractors, and others affiliated with *Permitee*.

Permitee shall ensure that its activities on City property will be performed and supervised by adequately trained and qualified personnel and *Permitee* will observe, and cause its officers, employees, subcontractors and others affiliated with *Permitee* to observe all applicable safety rules.

IV. WAIVER OF SUBROGATION PROVISION

To the fullest extent permitted by law, *Permitee* hereby releases the City, its elected and appointed officials, its agents, employees and volunteers from and against any and all liability or responsibility to the *Permitee* or anyone claiming through or under the *Permitee* by way of subrogation or otherwise, for any loss without regard to the fault of the City or the type of loss involved, including loss due to occupational injury. This provision shall be applicable and in full for and effect only with respect to loss or damage occurring during the time of this Permit. The *Permitee's* policies of insurance shall contain a clause or endorsement to the effect that such releases shall not adversely affect or impair such policies or prejudice the right of the *Permitee* to recover thereunder.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: _____												
	INSURER(S) AFFORDING COVERAGE NAIC #												
INSURED <b style="text-align: center;">XYZ Insured	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">INSURER A: Insurance Company</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 5px;">INSURER B:</td> <td></td> </tr> <tr> <td style="padding: 5px;">INSURER C:</td> <td></td> </tr> <tr> <td style="padding: 5px;">INSURER D:</td> <td></td> </tr> <tr> <td style="padding: 5px;">INSURER E:</td> <td></td> </tr> <tr> <td style="padding: 5px;">INSURER F:</td> <td></td> </tr> </table>	INSURER A: Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: Insurance Company													
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES
CERTIFICATE NUMBER:
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.

INSUR 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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			SAMPLE			EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: City of Des Moines, Iowa - Fireworks/Pyrotechnics Permit
 Name of Event:
 Date of Event:
 Additional Insured: 1) Name of Venue and 2) Name of contracting organization

CERTIFICATE HOLDER
CANCELLATION

<p style="text-align: center;">City of Des Moines, Iowa Fire Prevention Bureau 2715 Dean Avenue Des Moines IA 50309</p>	<p style="text-align: center; font-size: 8pt;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p style="text-align: center; font-size: 8pt;">AUTHORIZED REPRESENTATIVE</p>
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IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.