


2015

Application for Fireworks Other Than Consumer or Low Impact
 Michigan Department of Licensing & Regulatory Affairs
 Bureau of Fire Services
 P.O. Box 30700
 Lansing MI 48909
 (517) 241-8847

Authority: 2011 PA 256 Compliance: Voluntary Penalty: Permit will not be issued	The Department of Licensing & Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.			
<input type="checkbox"/> Agricultural or wildlife fireworks <input type="checkbox"/> Special effects manufactured for outdoor pest control or agricultural purposes			<input type="checkbox"/> Articles Pyrotechnic <input checked="" type="checkbox"/> Public Display	<input type="checkbox"/> Display Fireworks <input type="checkbox"/> Private Display
NAME OF APPLICANT Wolverine Fireworks Display, Inc.	ADDRESS 205 W. Seidlers Rd., Kawkawlin, MI 48631	AGE (18 or over) N/A		
IF A CORPORATION, NAME OF PRESIDENT James Lambert	ADDRESS Same			
IF A NON-RESIDENT APPLICANT, NAME OF MICHIGAN ATTORNEY OR RESIDENT AGENT	ADDRESS	TELEPHONE NUMBER 989-662-0121		
NAME OF PYROTECHNIC OPERATOR Shawn Kosecki	ADDRESS 1870 8 Mile Rd., Kawkawlin, MI 48631	AGE (18 or over) 25		
NO. YEARS EXPERIENCE 8	NO. DISPLAYS 200+	WHERE Throughout MI, OH, WI, IA and WY		
NAME OF ASSISTANT Brandon Grzegorzcyk	ADDRESS 380 W. Beaver Rd., Kawkawlin, MI 48631	AGE 27		
NAME OF OTHER ASSISTANT Blaine Anderson	ADDRESS 3214 Hidden Rd., Bay City, MI 48706	AGE 37		
EXACT LOCATION OF PROPOSED DISPLAY The soccer fields and baseball diamonds at Borden Park, 1400 E. Hamlin Rd., Rochester Hills, MI 48307				
DATE OF PROPOSED DISPLAY June 24, 2015 RD June 25, 2015	TIME OF PROPOSED DISPLAY Approx. 10:00 p.m.			
MANNER AND PLACE OF STORAGE, SUBJECT TO APPROVAL OF LOCAL FIRE AUTHORITIES, IN ACCORDANCE WITH NFPA 1123, 1124 & 1126 AND OTHER STATE OR FEDERAL REGULATIONS. PROVIDE PROOF OF PROPER LICENSING OR PERMITTING BY STATE OR FEDERAL GOVERNMENT No storage necessary. Fireworks will arrive day of display.				
AMOUNT OF BOND OR INSURANCE (To be set by local government) \$5,000,000	NAME OF BONDING CORPORATION OR INSURANCE COMPANY Professional Program Insurance Brokerage			
ADDRESS OF BONDING CORPORATION OR INSURANCE COMPANY 371 Bel Marin Keys Blvd., Suite 220, Novato, CA 94949				
NUMBER OF FIREWORKS	KIND OF FIREWORKS TO BE DISPLAYED			
500	2", 1 Shot, 1.3G Fireworks, UN-0335 PGII			
1,000	2.5", 1.3G Fireworks, UN-0335, PGII			
800	3", 1.3G Fireworks, UN-0335 PGII			
600	4", 1.3G Fireworks, UN-0335 PGII			
350	5", 1.3G Fireworks, UN-0335 PGII			
200	6", 1.3G Fireworks, UN-0335 PGII			
10,000 Shot	Multi Shot Cakes, 1.3G Fireworks, UN-0335 PGII			
SIGNATURE OF APPLICANT 		DATE April 2, 2015		

Pyrotechnic Application

1. Completed Application for State Permit is attached.
2. Proof of liability insurance is attached.
3. Plan for the use of pyrotechnic special effects:
 - a. City of Rochester Hills, Festival of the Hills
 - b. June 24, 2015 at approximately 10:00 p.m.
 - c. The soccer fields and baseball diamonds (front show) at Borden Park, 1400 E. Hamlin Rd., Rochester Hills, MI 48307
 - d. Shawn Kosecki is the pyrotechnic operator.
 - e. 14 Assistants:
 - i. Blaine Anderson – 38
 - ii. Brandon Grzegorzczuk – 27
 - iii. Jennifer Campau – 38
 - iv. Gregg Lambert – 59
 - v. Aaron Anderson – 55
 - vi. Joe Galan – 55
 - vii. Mike Cripps – 24
 - viii. Patrick Campau – 60
 - ix. Tom Sargeson – 34
 - x. Todd Stevenson – 36
 - xi. Bob O’Dell – 46
 - xii. Ronald Walker – 66
 - xiii. Josh Carter – 38
 - f. Shawn Kosecki has successfully shot more than 35 displays of the same size or larger than the Rochester Hills display. He attends Wolverine’s yearly safety seminar.
 - g. Shawn Kosecki has been a pyrotechnic operator for 8 years and has shot over 200 displays in the United States.
 - h. There is no license required to be a pyrotechnicians in the State of Michigan but he (along with his crew) has cleared a background check conducted by the BATFE and is allowed to work under Wolverine’s ATF license.
 - i. 500- 2” 1 Shot 1.3 G Fireworks, UN-0335 PG11, 1,000 – 2.5” 1.3 G Fireworks, UN-0335 PG11; 800 – 3” 1.3 G Fireworks, UN-0335 PG11; 600 – 4” 1.3 G Fireworks, UN-0335 PG11; 350 – 5” 1.3 G Fireworks, UN-0335 PG11 and 200 – 6” 1.3 G Fireworks, UN-0335 PG11. 10,000 Shot Shell Style Cake Items, 1.3 G Fireworks, UN-0335 PG11. All items will be shot using electric match. The pyrotechnic operator and his assistants have worked extensively with all of these, shooting

more than 30 shows a year using these same types of devices. General responsibilities of the assistants will be setting up and securing racks, loading and plugging in shells, assisting with continuity check and failed electric match checks and resolving any problems which can be resolved before shooting display, checking for unexploded materials after the display is shot and disassembling equipment, loading it back on the truck and cleaning the shoot site.

- j. Site diagram is attached.
- k. All equipment will be assembled in its designated area on the shoot site, marked with the blue stars on the site diagram.
- l. Pyrotechnics will arrive Wednesday morning.
- m. MSDS sheet is attached.
- n. All of our mortar racks are made of HDPE (high density polyethylene) or fiberglass, both of which are permitted for use of shooting pyrotechnic devices per NFPA 1123 (4.3.7.1), PGI (Official Fireworks Safety Guidelines 6.C.2) and A.P.A. (APA Display Fireworks Training Program 7.1.4.1.).

CERTIFICATE OF INSURANCE

ISSUE DATE 3/31/2015

PRODUCER
 PROFESSIONAL PROGRAM INSURANCE BROKERAGE
 371 BEL MARIN KEYS BLVD., SUITE 220
 NOVATO CA, 94949-5662

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURER(S) AFFORDING COVERAGE

INSURER A: LLOYD'S OF LONDON

INSURED
 Wolverine Fireworks Display, Inc.
 205 W. Seidlers Road
 Kawkawlin, MI 48631

INSURER B:

INSURER C:

INSURER D:

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NAMED INSURED ABOVE FOR THE 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY CLAIMS MADE GEN'L AGGREGATE LIMIT APPLIES PER POLICY	PY/15-0010	02/01/2015	02/01/2016	EACH ACCIDENT	\$ 5,000,000
					MEDICAL EXP (Any one person)	\$
					FIRE LEGAL LIABILITY	\$ 50,000
					GENERAL AGGREGATE	\$ 5,000,000
					PRODUCTS-COMP/OPS AGG	\$
	AUTOMOBILE LIABILITY — ANY AUTO = ANY OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
					EACH ACCIDENT	\$
	EXCESS LIABILITY FOLLOWING FORM				AGGREGATE	\$
					EACH ACCIDENT	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	\$
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE-EA EMPLOYEE	\$
					E.L. DISEASE-POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

It is understood and agreed that the following shall be Additional Insureds: The City of Rochester Hills, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof ATIMA as respects the 06/24/2015 (RD: 06/25/2015) Aerial Fireworks Display located at Borden Park, 1400 E. Hamlin Road, Rochester Hills, MI. This coverage shall be primary to the Additional Insureds, and not contributing with any other insurance or similar protection available to the additional Insureds, whether other available coverage by primary, contributing or excess. 30 day notice of cancellation applies except for cancellation for non-payment of premium.

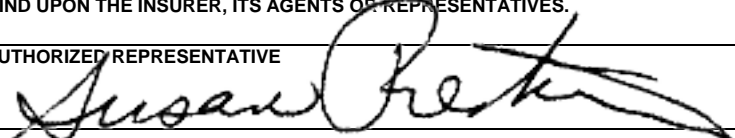
CERTIFICATE HOLDER

City of Rochester Hills
 1000 Rochester Hills Drive
 Rochester Hills, MI 48309

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/31/2015

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 PROFESSIONAL PROGRAM INSURANCE BROKERAGE 371 BEL MARIN KEYS BLVD., SUITE 220 NOVATO CA, 94949-5662	CONTACT NAME: PHONE (A/C No. Ext): (415) 475-4300 FAX (A/C, No): (415) 475-4303 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : RLI Insurance Company
INSURED Wolverine Fireworks Display, Inc. 205 W. Seidlers Road Kawkawlin, MI 48631	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			SFT0029853	12/02/2014	12/02/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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)

City of Rochester Hills is Additional Insured as respects the Auto Liability as required by contract with the Named Insured.

CERTIFICATE HOLDER City of Rochester Hills 1000 Rochester Hills Dr. Rochester Hills, MI 48309	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
---	--