

APPLICATION FOR FIREWORKS DISPLAY

To: **Gila County Board of Supervisors**

Application is hereby made for the granting of a permit to conduct a supervised fireworks display on (Date) May 20, 2011 at (Address) 4657 Rags Rd., Miami High School ^{Football Stadium} to be sponsored by (Name of Organization) Miami High Class of 2011.

Applicant states that Ernie Baca will be in charge of this display and responsible for the acts performed thereby; and person to direct this display in such a manner that it will not be hazardous to property or endanger any person.

Ernie Baca
Director of Display

Susan T. Hocking
Person in charge of premises where display is located.

Attached hereto is a surety bond or certificate of liability insurance in a principal amount of \$1,000,000, but not less than \$1,000,000, conditioned upon payment of all damages which may be caused to persons or property by reason of the display, as provided by law.

APPROVAL OF FIREWORKS DISPLAY BY FIRE DISTRICT

LETTER OF APPROVAL FROM LOCAL FIRE DISTRICT ENCLOSED

APPROVAL OF FIREWORKS DISPLAY BY SHERIFF

I have investigated the premises described by the applicant and found them to be satisfactory and found him to be a competent operator.

John R. Armer
Sheriff

PERMIT FOR FIREWORKS DISPLAY

The application of the _____, having been filed with the undersigned Board of Supervisors, pursuant to A.R.S. §36-1603, together with proper bond as provided by law and same having been approved by the Sheriff.

Permission is heretofore and hereby granted to _____ to conduct a fireworks display at (Address) _____, AND IN THE EVENT OF POSTPONEMENT OF SAID SHOW, said display be given not later than one week from date specified above. The permit granted hereunder shall not be assignable.

DATED this _____ day of _____, 20____.

GILA COUNTY BOARD OF SUPERVISORS

By: _____

Chief Olsen
Tri-City Fire Department
4280 East Broadway
Claypool, AZ 85532
~~March 10,~~ ^{April 6,} 2011

Dear Chief Olsen:

The Senior Class of Miami High School would like to request your services the night of graduation, Friday, May 20, 2011. The class would like to have fireworks at their ceremony.

I have been in contact with ~~Jim Grider~~ ^{Ernie Baca}, a pyrotechnic specialist from the area, who will layout the firework event. Either Mr. ~~Grider~~ ^{Baca}, or one of his assistants, will be in charge the night of graduation.

Graduation begins at 7:00 P.M. The plan is to set off 5 fireworks during the playing of the National Anthem and 20 fireworks when the seniors "toss their hats" at the conclusion of the ceremony. The fireworks will be set off from the east side of the football stadium.

Please let me know if you need further information and the specific accommodations Tri-City Fire Department needs the night of graduation.

Approval
from Fire Chief



Sincerely,

~~Riley Lawson~~ Riley Lawson

Luis Guajalva Luis Guajalva

Mario Reyes Mario Reyes

Sr. Class Council



Sr. Class Sponsor
Paul R. Machula

~~Ramiro Ramirez~~ Ramiro Ramirez
Duncan Hull



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/19/2011

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 Britton-Gallagher and Associates, Inc. 6240 SOM Center Rd. Cleveland OH 44139	CONTACT NAME:		
	PHONE (A/C, No, Ext): 440-248-4711	FAX (A/C, No): 440-248-5406	
E-MAIL ADDRESS:			
PRODUCER CUSTOMER ID #:			
INSURED Fireworks Productions of Arizona Ltd. 17034 S 54th St Chandler AZ 85226	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Illinois National Insurance Co		23817
	INSURER B: Arch Specialty Ins Co		
	INSURER C: SCF of Arizona		
	INSURER D: Lexington Insurance Co		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 826257152

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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
D	GENERAL LIABILITY			43924775-02	10/9/2010	10/9/2011	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							\$
A	AUTOMOBILE LIABILITY			CA62658868	10/9/2010	10/9/2011	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS							\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			UFP0002055	10/9/2010	10/9/2011	EACH OCCURRENCE	\$9,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$9,000,000
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input checked="" type="checkbox"/> RETENTION \$10,000							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			288091	10/1/2010	10/1/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$500,000
							E.L. DISEASE - POLICY LIMIT	\$500,000

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

Date of Display: May 20, 2011

Location of Display: Miami High School

Additional Insured(s): State of Arizona; Miami Unified School District #40; Miami High School.

CERTIFICATE HOLDER**CANCELLATION**

Miami High School 4657 Ragus Road Miami AZ 85539	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

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