

**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) 07/04/11 at (Address) #1 Tailings, to be sponsored by (Name of Organization) Freeport McMoran.

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.

Sarah Harris Director of Display                      Ernie Baca w/ Fireworks Productions of Arizona Person in charge of premises where display is located.

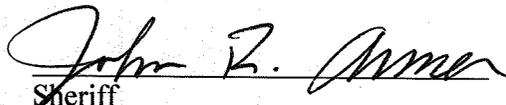
Attached hereto is a surety bond or certificate of liability insurance in a principal amount of \$ 10,000,000.00 but not less than \$1,000,000, conditioned upon payment of all damages which may be caused to persons or property by reason of the display, as provided by law.

\*\*\*\*\*  
**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.

  
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.

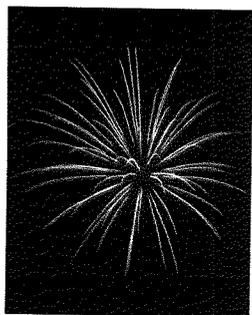
Permission is heretofore and hereby granted to \_\_\_\_\_ to conduct a fireworks display at (Address) \_\_\_\_\_, AND IN THE EVENT OF POSTPONEMENT OF SAID SHOW, said display be given not later than one week from date specified above. The permit granted hereunder shall not be assignable.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

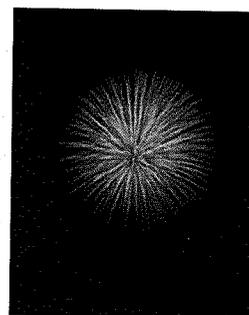
GILA COUNTY BOARD OF SUPERVISORS

By: \_\_\_\_\_

## Exhibit A



# **FREEPORT – MCMORAN Copper & Gold MIAMI**



**July 4, 2011**

**TOTAL AERIAL EFFECTS 967**

**Total Shells 667      Total Basins 300**

**Opening:** *Your show begins with: 3" - 21 Titanium Salutes*

### **Aerial Display:**

*A large assortment of brilliantly-colored shells, including Chrysanthemums, Rings, Various Shapes, Waves, Crowns, Peonies, Strobes, Double Rings, Brocade Crowns, Diadems, and Crossettes in gorgeous Reds, Yellows, Blues, Greens, Silvers, and Golds.*

Your Aerial Display will contain a total of **573** aerial shells and **300** in aerial basins.

- 1.5" - 3 FPA Premier Multi Shot Specialty Basins (100 shots each)
- 2.5" - 2 36 Shot Color or Titanium Salute Finale Box
- 3" - 72 Chinese Fancy's & Specials  
36 Designer Cylinder Specials
- 4" - 180 Chinese Fancy's & Specials  
36 Designer Cylinder Specials
- 5" - 72 Chinese Fancy's & Specials  
27 Designer Pattern Specials
- 6" - 45 Chinese Fancy's & Specials  
18 Designer Pattern Specials
- 8" - 15 Chinese Fancy's & Specials

### **GRANDE FINALE:**

*Your celebration will close in spectacular excitement with multiple styles of brilliantly-colored shells.*

Your Grande Finale consists of **73** aerial shells:

Your Grande Finale: **49** - 3" shells, **20** - 4" shells, **2** - 6" shells and **2** - 8" shells.

*Designed by: Fireworks Productions of Arizona*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/2/2011

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).

<b>PRODUCER</b> Britton-Gallagher and Associates, Inc. 6240 SOM Center Rd. Cleveland OH 44139	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 440-248-4711      FAX (A/C, No): 440-248-5406 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:																					
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Illinois National Insurance Co</td> <td></td> <td>23817</td> </tr> <tr> <td>INSURER B: Arch Specialty Ins Co</td> <td></td> <td></td> </tr> <tr> <td>INSURER C: SCF of Arizona</td> <td></td> <td></td> </tr> <tr> <td>INSURER D: Lexington Insurance Co</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		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:	
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:																						
<b>INSURED</b> Fireworks Productions of Arizona Ltd. 17034 S 54th St Chandler AZ 85226																						

**COVERAGES**      **CERTIFICATE NUMBER:** 1887982719      **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														
D	<b>GENERAL LIABILITY</b>			43924775-02	10/9/2010	10/9/2011	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$
EACH OCCURRENCE	\$1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000																				
MED EXP (Any one person)	\$																				
PERSONAL & ADV INJURY	\$1,000,000																				
GENERAL AGGREGATE	\$2,000,000																				
PRODUCTS - COMP/OP AGG	\$2,000,000																				
	\$																				
	<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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC																				
A	<b>AUTOMOBILE LIABILITY</b>			CA62658868	10/9/2010	10/9/2011	<table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$		\$		
COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
	\$																				
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS																				
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR			ULP0002055	10/9/2010	10/9/2011	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$9,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$9,000,000</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$9,000,000	AGGREGATE	\$9,000,000		\$		\$						
EACH OCCURRENCE	\$9,000,000																				
AGGREGATE	\$9,000,000																				
	\$																				
	\$																				
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000																				
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			288091	10/1/2010	10/1/2011	<table border="1"> <tr> <td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$500,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$500,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$500,000</td></tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		\$500,000	E.L. DISEASE - EA EMPLOYEE		\$500,000	E.L. DISEASE - POLICY LIMIT		\$500,000		
<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER																				
E.L. EACH ACCIDENT		\$500,000																			
E.L. DISEASE - EA EMPLOYEE		\$500,000																			
E.L. DISEASE - POLICY LIMIT		\$500,000																			
	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																				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Date of Display: July 4, 2011  
Location of Display: Miami Arizona  
Additional Insured(s): Freeport McMoran Copper & Gold Inc., and Phelps Dodge Operation and their See Attached...

<b>CERTIFICATE HOLDER</b>  Freeport McMoran Copper & Gold Inc. Freeport-McMoran Miami Inc District 707 PO Box 4444 Claypool AZ 85532	<b>CANCELLATION</b> 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  

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

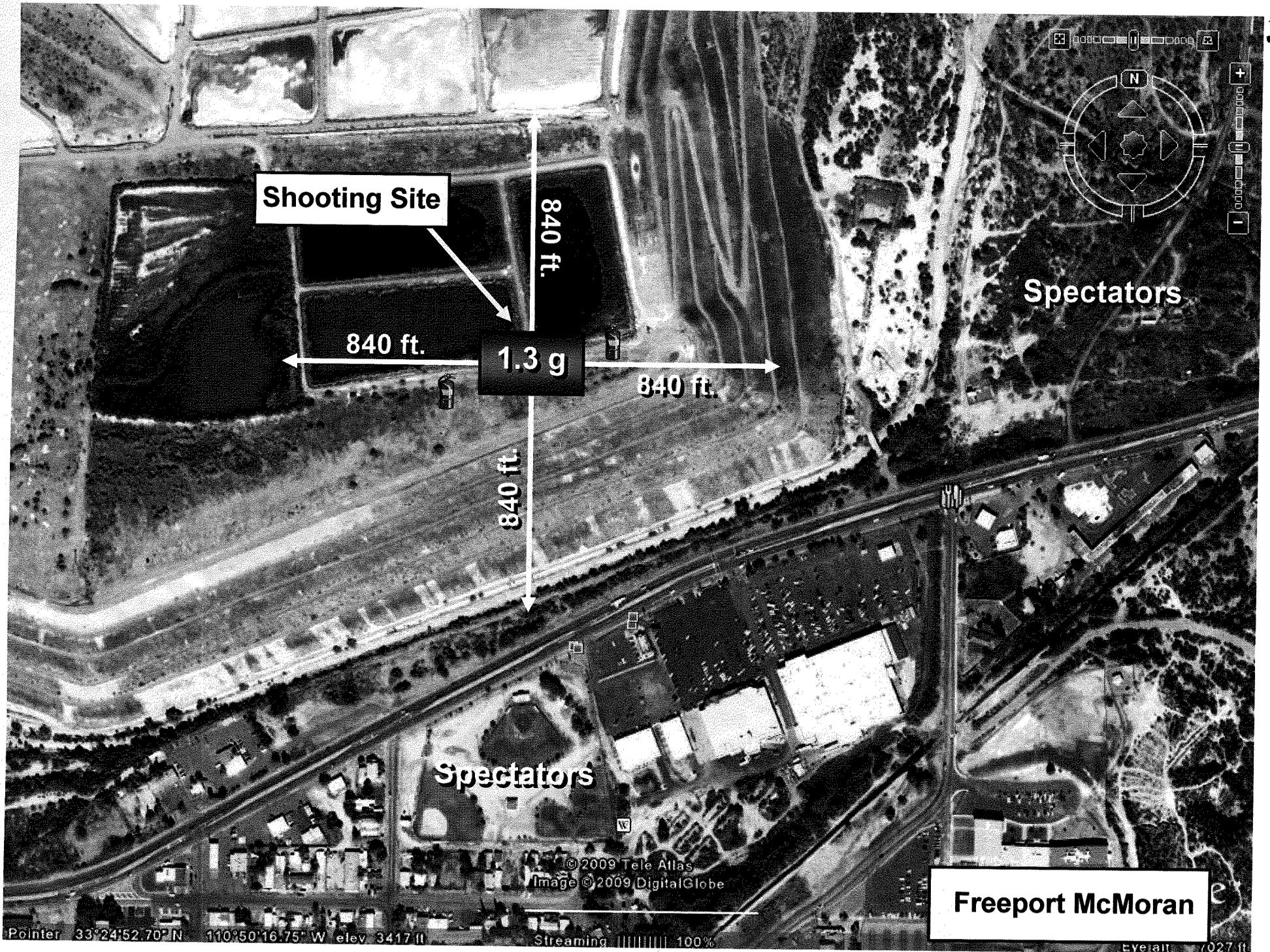
AGENCY Britton-Gallagher and Associates, Inc.		NAMED INSURED Fireworks Productions of Arizona Ltd. 17034 S 54th St Chandler AZ 85226	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

subsidiaries, as their interests may appear, are named as additional insured. Waiver of subrogation in favor of Freeport McMoran Copper and Gold Inc., and Phelps Dodge Corporation and their subsidiaries. Contractual liability coverage applies.



Shooting Site

840 ft.

840 ft.

1.3 g

840 ft.

Spectators

840 ft.

Spectators

Freeport McMoran

Marco R. Olsen  
Fire Chief

Dan L. Goar  
Sec/Treasurer



4280 E. Broadway  
P.O. Box 83  
Claypool, AZ 85532

Phone (928) 425-0815  
Fax (928) 425-5392

June 7<sup>th</sup>, 2011

Gila County Board of Supervisors  
1400 E. Ash St.  
Globe, AZ 85501

Rec'd by *sfj*  
**RECEIVED**

JUN 9 2011

GILA COUNTY - DISTRICT II  
BOARD OF SUPERVISORS

cc: T. Martin  
S. Dawson  
M. Sheppard  
D. McDaniel

Chairperson of the Board,

The Tri-City Fire District in partnership with Freeport-McMoRan Miami and Fireworks Products of Arizona, will again work together to provide the community 4<sup>th</sup> of July show. We will have personnel and equipment on hand, as we have for over twenty years, to minimize the possibility of fire impacting our community during this wonderful event.

We are in contact with and support of the FMI and the Pyrotechnician's from the planning stage through the show itself.

I thank you in advance for any support of this community project and if I can be of any assistance, please don't hesitate to contact me by email ([chf13@hotmail.com](mailto:chf13@hotmail.com)) or by phone (928-812-2991).

Sincerely,

AJ Howell, Battalion Chief  
Tri-City Fire District