



## FIREWORKS QUESTIONNAIRE

Name of Insured: \_\_\_\_\_ Date(s) of fireworks exposure: \_\_\_\_\_  
Specific location of fireworks display(s): \_\_\_\_\_ Est spectator attendance: \_\_\_\_\_  
Name of organization shooting fireworks: \_\_\_\_\_

**\*\*Provide copy of contract with organization shooting fireworks. If insured is shooting fireworks, provide copy of current license.**

Will other coverage be provided? ☐ Yes ☐ No

**\*\*If yes, attach Certificate of Insurance with your name listed as additional insured (minimum limit of \$1,000,000 required).**

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**Provide diagram of the fireworks display area, detailing the following information:**

1. Spectator fencing-distance from launch site to spectators
  2. Launch site
  3. Direction of launch
  4. Spectator parking lot
  5. Concessions area
  6. Surrounding areas
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Describe firefighting equipment on site of event: \_\_\_\_\_

If no firefighting equipment on site, give distance to nearest fire station: \_\_\_\_\_

Do you have a licensed EMT-staffed ambulance on site during all fireworks displays? ☐ Yes ☐ No

If no, give distance in miles to nearest medical facility: \_\_\_\_ and response time in minutes: \_\_\_\_

Have you displayed fireworks before? ☐ Yes ☐ No

Describe any claims/losses that have occurred and the amount of loss:

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I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the questionnaire and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature  
\_\_\_\_\_  
Applicant's Name (Print)  
\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Producer's Signature (if applicable)  
\_\_\_\_\_  
Producer's Name (Print)  
\_\_\_\_\_  
Date (MM/DD/YY)

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