



Naperville

Fireworks Permit Application

Applicant (Organization): Indian Outreach Organization

Organization Address: 750 Shoreline Dr. Phone: 630-864-7435

Aurora IL 60504

Contact person: Chirag Jani

Phone numbers: (work) 630-864-7435 (cell) _____

Firm Providing Fireworks: Melrose Pyrotechnics Inc. Phone: 219-393-5522

Fireworks Firm Contact Person: Wynn Cramer

Fireworks Display Date: August 11 2019 Rain Date: _____ Time: 9:15

Display Location: Koch Park

PLEASE ATTACH THE FOLLOWING TO THE COMPLETED APPLICATION:

1. Map of display location and display set-up.
2. Liability Insurance (copy of insurance policy).

Signatures (3 signatures are required)

One (1) of the signatures must be the Fireworks Operator

Print name: Wynn Cramer Signature: Wynn Cramer Age: 61

Print name: Kim Mitzel Signature: Kim Mitzel Age: 56

Print name: Les M. ahew Signature: Les M. ahew Age: 59

All accidents must be reported to the Office of the State Fire Marshal within 36 hours of occurrence.

Completed application and attachments are submitted to the Naperville Fire Department at:
1380 Aurora Av. Naperville, IL. 60540

The Approved application is added to the Council Agenda for Council approval. (All Fireworks Permit Applications must be approved by Council).

Note: It is the responsibility of the applicant to coordinate with the Fire Department before and during the celebration.

Reviewed by Fire Department: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/9/2019

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 One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114		CONTACT NAME:	
		PHONE (A/C, No., Ext): 216-658-7100	FAX (A/C, No): 216-658-7101
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Melrose Pyrotechnics, Inc. Kingsbury Industrial Parkway Heinold Complex Kingsbury IN 46345		INSURER A : LM Ins Corp	
		INSURER B : Everest Indemnity Insurance Co.	10851
		INSURER C : Maxum Indemnity Company	26743
		INSURER D : Everest Denali Insurance Company	16044
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 911160704

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
B	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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			S18ML00042-191	1/15/2019	1/15/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
D	AUTOMOBILE LIABILITY <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			S18CA00025-191	1/15/2019	1/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			EXC6017975	1/15/2019	1/15/2020	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC734S381030 (IL)	4/4/2019	4/4/2020	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER USL&H Included E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
DISPLAY DATE: August 11, 2019
LOCATION: Koch Park, Naperville, Illinois
ADDITIONAL INSURED: City of Naperville; Indian Community Outreach Organization; Naperville Park District

CERTIFICATE HOLDER Indian Community Outreach Organization 750 Shoreline Dr. Aurora IL 60504		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 	
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Indian Outreach

August 11, 2019

Product Summary:

Approximately:

275 – 1” Aerial Display Shells
418– 2 ½” Aerial Display Shells
40 – 3” Aerial Display Shells

Operator:

Kim Mitzel will be the operator for this display.

We will provide two (2) fully charged fire extinguishers for the display and the operators will bring eye, ear, and head protection with them.

Shells will be shunted and put in approved boxes. The crew will sweep the area after the show.



NAPERVILLE FIRE DEPARTMENT FIREWORKS PERMIT

Permit #: 19-04

Issued: July 9, 2019

Fireworks Date: August 11, 2019 Time: 9:15 p.m. Rain date: _____

Company: Melrose Pyrotechnics, Inc.

Address Kingsbury Industrial Parkway, Heinold Complex, Kingsbury, IN 46345

Contact person: Wynn Cramer Phone: 219-393-5522

Display Location: Indian Outreach Organization

Address: 750 Shoreline, Aurora, IL 60504

Launch Location: Knoch Park, 724 S. West Street, Naperville, IL 60540

This permit does not take the place of any license required by law and is not transferable.
Any change in the use or the occupancy of premises shall require a new permit.

THIS PERMIT MUST BE POSTED AT ALL TIMES

Scott Scheller, Fire Marshal



Illinois Office of the State Fire Marshal
Division of Fire Prevention

THIS IS TO CERTIFY THAT
KIM MITZEL
Pyrotechnic Operator License

Has completed all the requirements under the
Pyrotechnic Distributor and Operator Act 225
ILCS 227 and is employed by

MELROSE PYROTECHNICS INC

d/b/a:

License #

IL06-OP-00030-00159

Expires: 07/15/2021


Matt Perez

STATE FIRE MARSHAL

Show Name: India Day Celebration

Location: 724 S. West St. (Knoch Park) Naperville, IL

Date Created: 11/5/18

Fall-Out Radius: 210'

Distance To Audience: 450'



Launch Location:

Setup area Dimensions: 30'x50'
420 Ft. from the Hospital.