



# Naperville

## Fireworks Permit Application

Applicant (Organization): Topgolf Naperville

Address: 3211 Odyssey Court, Naperville, IL 60563 Phone: 630.596.1000

Contact person: Chelsie Polifka

Phone numbers: (w) 630.596.1000 (c) \_\_\_\_\_

Firm Providing Fireworks: Pyrotecnico Fireworks, Inc.

Address: P.O. Box 149, New Castle, PA 16103 Phone: 724.652.9555

Contact Person: Mary Killingsworth Phone: 724.923.6607

Fireworks Display Date: December 31, 2017 Rain Date: N/A Time: 11:59pm / Midnight

Display Location: Topgolf Naperville, 3211 Odyssey Court, Naperville, IL 60563

**PLEASE ATTACH THE FOLLOWING TO THE COMPLETED APPLICATION:**

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

**Signatures (3 signatures are required - 1 must be the Fireworks Operator)**

<u>BRIAN PAGLUSCH</u>	<u>Mary Killingsworth</u>	_____
Print name	Signature	Age
<u>JACOB FUSHER</u>	<u>[Signature]</u>	<u>51</u>
Print name	Signature	Age
<u>CHRIS MELE</u>	<u>[Signature]</u>	<u>50</u>
Print name	Signature	Age

\* SIGNED FOR BRIAN BY MARY KILLINGSWORTH

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

Submit completed application and attachments to:

Naperville Fire Department  
1380 Aurora Ave. Naperville, IL. 60540

All Fireworks Permit Applications must be approved by Naperville City Council

**Note:** It is the responsibility of the applicant to coordinate with the fire department before and during the celebration.

Reviewed by Fire Department: Michael K. K... [Signature] Date: 12/15/17



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/13/2017

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. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 216-658-7100      FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS: info@brittongallagher.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> 2299 Pyrotecnico Fireworks Inc. P.O. Box 149 299 Wilson Road New Castle PA 16103	<b>INSURER A:</b> Everest Indemnity Insurance Co.      10851	
	<b>INSURER B:</b> Everest National Insurance Company      10120	
	<b>INSURER C:</b> Maxum Indemnity Company      26743	
	<b>INSURER D:</b> Axis Surplus Insurance Company      26620	
	<b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 1343534463      **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
A	<b>GENERAL LIABILITY</b> <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			SI8ML00891-171	1/14/2017	1/14/2018	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 \$
B	<b>AUTOMOBILE LIABILITY</b> <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			SI8CA00141-171	1/14/2017	1/14/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			EXC6030375	1/14/2017	1/14/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Excess Liability #2			EAU620323	1/14/2017	1/14/2018	Each Occurrence \$5,000,000 Aggregate \$5,000,000 Total Excess Limits \$9,000,000

**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.  
Close Proximity Pyrotechnics Display Date: December 31, 2017  
Location: Naperville, IL  
Additional Insured: City of Naperville, IL; Naperville Fire Prevention, Naperville, IL

**CERTIFICATE HOLDER**

**CANCELLATION**

Topgolf USA, Inc. 8750 N. Central Expressway Suite 1200 Dallas TX 75231	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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