

City of Harrisonburg, Birginia

FIRE DEPARTMENT

101 North Main Street Harrisonburg, VA 22802 (540) 432-7703 FAX (540) 432-7780

Larry W. Shifflett Fire Chief

Application for the DISPLAY OF AERIAL FIREWORKS

1123

	O Common Phone Number
Name/Company Advanced Entertainment Technologies DBA Image	2. Company Phone Number
Engineering	410-355-2055
3. Mailing Address:	
3437 South Hanover St., Baltimore MD 21225	
3b. Email Address	4. FAX Number:
jen@imageengineering.com	410-355-2054
5. Physical Address if different from Line 3:	
same as above	
6. City/State/ZIP	7. Federal ID Number
Baltimore MD 21225	52-2037701
8. Designated Individual/Pyrotechnician:	Card Number:
Brad Reed	LIC # 19196947PA
biad need	LIC # 19196947PA
(Print name Last, First, MI)	(Attach photocopy to this application)

- 9. Sponsorship.
 - 9.1. The fireworks display will be sponsored by: Harrisonburg Downtown Renaissance
 - **9.1.1.** Name and telephone number of the sponsor's representative:

Kati	e McLa	ren Yo	ount	
(540)_	432		8909	

9.2. The fireworks display will occur at (Provide location by listing address, street intersections, name of complex or facility, etc. Include name of City, County or Town):

Ice House Building, 181 South Liberty St., Harrisonburg VA 22801

	-	display fireworks will occur on:		
(Date):	7/_	4/ 20 <u>14</u> beginning at (time) <u>9</u>	: <u>30</u> am pm and end at (time)10 : 0	00_ am om.
10.1. lı	n case of p	postponement due to weather or for other	reason(s), the alternate date and time for	line # 9 is:N/
(Date):	/	/ 20 beginning at (time)	_: am/pm and end at (time):_	am/pm.
10.2. T	he expect	ed arrival of the operator (pyrotechnician)	and product will be at (time) 12: 00	an (pm)
(Date)	7	// 20		
11. Op	erators, A	ssistants and Pyrotechnic Specifications.		
	11.1. Procharge	ovide the name and Virginia issued certific of the display. Attach a copy of the certifica	cation number of the Pyrotechnician that vation card:	will be in
	Name (F	Print – Last, First, MI)	Certification Number	
	Brad R	eed	LIC # 19196947PA	
	Name (I	Print – Last, First, MI)		Age
	To be	determined		
List or	a separa	(in inches) and number of shells to be fired te line the number and size of salutes (rep	d. Provide additional indication for multi-boots). Attach additional pages as needed Type of Shell	reak shells.
#	Size	See Attached - All 1.4G Product	туре от опеш	
		000711110111011111111111111111111111111		
12.1.	The displa	y will be fired (check the appropriate box)	[] Manual [] Electrically [] Combined	
		rs be reloaded during the display? [] Yes		
		be used will be constructed of (check all t		
		aper [] High Density Polyethylene [] F		
[]0		about 1 man porior is a sound to the		

4	43	A	***	300	m	m	en	te	

The following items are to be provided as attachments to this application.

- 13.1. [] A diagram of the grounds or facilities where the display will be held. (See application instructions.) The diagram is not required to be to scale but it is to show:
- 13.1.1. [] the fallout radius (with an indicated distance in feet) for the largest shell to be used in the display;
- 13.1.2. [] the points at which the shalls and/or cakes are to be positioned and fired;
- 13.1.3. [] the lines behind which the audience will be restrained (with an indicated distance in feet);
- 13.1.4. [] location of significant buildings (with an indicated distance in feet), highways, overhead obstructions and utilities; and
- 13.1.5. [] the indicated direction of North.
- 13.2. [] Proof of a corporate surety bond or a public liability insurance policy in an amount acceptable to the sponsor noted on Line 8.1 but not less than \$1,000,000.00.
- 13.3. [] A fully executed Hold Harmless and Indemnity Agreement (For each application)
- 14. By my signature below, I attest the information provided is complete and accurate. I acknowledge and agree to comply with all applicable requirements of the Virginia Statewide Fire Prevention Code (SFPC) and the referenced NFPA 1123-06 standard governing the use, storage and firing of display fireworks, even those not specifically covered or expressed on this application.

I also acknowledge that if a permit is issued it shall:

- 1. Be valid only at the location listed on the application, and for the specific date(s) and time(s) for which it is issued; and
- Does not convey approval to store explosives (display fireworks) beyond the temporary (less than 24-hour) on-site storage of the display fireworks on the date of the approved display.
- I further acknowledge and understand that any SFPC violations identified after approval to proceed may result in denial of final permit issuance or immediate suspension or revocation of a permit.

5. Signature of the Individ	ual Listed in Section 8	16. Date 5/22/14		
	Officia	l Use Only		
[] Approved	Fire Official		Date:	
[] Approved	City Manager		Date:	1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/30/2014

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 Moscker Insurance Agency Inc 302 Ritchie Highway Severna Park, MD 21146		(410) 544-6104	CONTACT NAME:	Sean Forrester		
			PHONE (A/C, No, E	xt): 410-544-6104	FAX (A/C, No): (410)	544-4374
			E-MAIL ADDRESS:	sforrester@mosckerins	urance.com	
			INSURER(S) AFFORDING COVERAGE			NAIC #
			INSURER A	:National Fire & Marine	Ins Co	
INSURED	Advanced Entertainment	Technologies dba Image Engineering	INSURER I	:The Ohio Casualty Insu	urance Company	18333
	PO Box 16695			:Maxum Indemnity Com		
Baltimore, MD 21221			INSURER I	:W R Berkley Corporations Mid-Atla	ntic Group	21784
			INSURER I	:		
			INSURER I	:		
001/5040	F0 0	EDTIFICATE MUMBER		DE\//		

COVERAGES CERTIFICATE NUMBER: 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 EFF	POLICY EXP	LIMIT	<u> </u>
LIK	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$ 1,000,0
Α	X COMMERCIAL GENERAL LIABILITY	X		72LPS018911	11/27/2013	11/27/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,0
							PERSONAL & ADV INJURY	\$ 1,000,0
							GENERAL AGGREGATE	\$ 2,000,0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,0
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s 1,000,0
В	X ANY AUTO			BAS55856952	11/27/2013	11/27/2014	BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$
							(\$
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 4,000,0
С	EXCESS LIAB CLAIMS-MADE			00019453-6	11/27/2013	11/27/2014	AGGREGATE	\$ 4,000,0
	DED RETENTION \$							\$
	WORKERS COMPENSATION						X WC STATU- TORY LIMITS OTH- ER	
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			XWS55856952	4/1/2014	4/1/2015	E.L. EACH ACCIDENT	\$ 1,000,0
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,0
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,0
D	Equipment Floater			CIM9000079-43	3/16/2014	3/16/2015	scheduled Equipment limit	\$1,200,0
D	Equipment Floater			CIM9000079-43	3/16/2014	3/16/2015	Leased/Rented	\$2500

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

As respects to work performed by the Named Insured and as required by written contract or agreement Virginia Mayor, LC and Casco Ice Building located at 217 S. Liberty St., Harrisonburg VA 22801 are additional insured(s).

CERTIFICATE HOLDER	CANCELLATION
Virginia Mayor, LC 205 S. Liberty St. Harrisonburg, VA 22801-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Tidi Tidotibarg, VA 22001	AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/1/2014

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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).

0011111041	notaer in hea er caerr criaercement(e).					
PRODUCER		(410) 544-6104	CONTACT NAME:	Sean Forrester		
	surance Agency Inc		PHONE (A/C, No, E	xt): 410-544-6104	FAX (A/C, No): (410)	544-4374
302 Ritchie Highway Severna Park, MD 21146			E-MAIL ADDRESS: sforrester@mosckerinsurance.com			
	•			INSURER(S) AFFORDING COVERAGE		
			INSURER A	A:National Fire & Marin	ne Ins Co	
INSURED	Advanced Entertainment Technologies dba In	nage Engineering	INSURER B : The Ohio Casualty Insurance Company		surance Company	18333
	PO Box 16695			:Maxum Indemnity Co		
	Baltimore, MD 21221		INSURER I	:W R Berkley Corporations Mid-A	Atlantic Group	21784
			INSURER E	I:		
			INSURER F	:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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			SUBR	LIMITS SHOWN MAY HAVE BEEN R	POLICY EFF	POLICY EXP		
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	X		72LPS018911	11/27/2013	11/27/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	X ANY AUTO			BAS55856952	11/27/2013	11/27/2014	BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$
								\$
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 4,000,000
С	EXCESS LIAB CLAIMS-MADE			00019453-6	11/27/2013	11/27/2014	AGGREGATE	\$ 4,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- TORY LIMITS OTH- ER	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		XWS55856952	4/1/2014	4/1/2015	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	IV/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Equipment Floater			CIM9000079-43	3/16/2014	3/16/2015	scheduled Equipment limit	\$1,200,000
D	Equipment Floater			CIM9000079-43	3/16/2014	3/16/2015	Leased/Rented	\$250000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
As respects to work performed by the Named Insured and as required by written contract or agreement
City of Harrisonburg and Harrisonburg Downtown Renaissance are additional insured(s).

CERTIFICATE HOLDER CANCELLATION

City of Harrisonburg Harrisonburg Downtown Renaissance 212 S Main Street Harrisonburg, VA 22801SHOULD 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

J. Lean Fourte

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION (FOR USE WHEN CONTRACTUAL LIABILITY COVERAGE IS NOT PROVIDED TO YOU IN THIS POLICY)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization A person or organization for which designsured (and subject to Section A below contract with the Named Insured.	nation as an "additional	Location Of Covered Operations Only locations at which the Named Insured performs work or operations under written contract with the Additional Insured, except those in connection with any project, premises, jobsite, or location which is or has been subject to a "consolidated (wrap-up) insurance program" through which either the Named Insured or Additional Insured is or has been insured.			
Bodily Injury And Property Damage Liability	Premium Basis Cost	Rates (Per \$1000 Of Cost)	Advance Premium		
Subject to applicable policy aggregate and per occurrence limit of insurance, Not Applicable		Not Applicable	\$ Fee per Our schedule.		
		Total Advance Premium	\$ Per Our schedule.		

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Who is An insured (Section II) is amended to include as an insured the person or organization (called "additional insured") shown in the Schedule but only with respect to liability arising out of:
 - Your ongoing operations performed for the additional insured(s) at the location designated above; or
 - Acts or omissions of the additional insured(s) in connection with their general supervision of such operations.
- B. With respect to the insurance afforded these additional insureds, the following additional provisions apply:
 - Exclusions b., c., g., h.(1), j., k., l. and n. under Coverage A – Bodily Injury And Property Damage Liability (Section I – Coverages) do not apply.

2. Additional Exclusions

This insurance does not apply to:

- a. "Bodily injury" or "property damage" for which the additional insured(s) are obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the additional insured(s) would have in the absence of the contract or agreement.
- b. "Bodily injury" or "property damage" occurring after:
 - (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed;

- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- c. "Bodily injury" or "property damage" arising out of any act or omission of the additional insured(s) or any of their "employees", other than the general supervision by the additional insured(s) of your ongoing operations performed for the additional insured(s).

- d. "Property damage" to:
 - (1) Property owned, used or occupied by or rented to the additional insured(s);
 - (2) Property in the care, custody, or control of the additional insured(s) or over which the additional insured(s) are for any purpose exercising physical control; or
 - (3) Any work, including materials, parts or equipment furnished in connection with such work, which is performed for the additional insured(s) by you.



City of Harrisonburg, Virginia

FIRE DEPARTMENT

101 North Main Street Harrisonburg, VA 22802 (540) 432-7703 Fax (540) 432-7780

Larry W. Shifflett Fire Chief

INDEMNITY AND HOLD HARMLESS AGREEMENT

of	April	, 20_14, filed an application and for one or more of the
followi	ng conditions	or operations:
	(1)	To manufacture, possess, store, sell or otherwise dispose of explosive or
		blasting agents.
	(2)	To transport explosives or blasting agents.
X	(3)	To use explosives or blasting agents.
	(4)	To operate a terminal for handling explosives or blasting agents.
	(5)	To deliver to or receive explosives or blasting agents from a carrier at a
		terminal between the hours of sunset and sunrise.
	(6)	To transport blasting caps or electric blasting caps on the same vehicle
		with explosives.
That pr	rior to the per	mit being issued and as a condition for the issuance of the permit it is required
		e with the City Fire Department (a) a certificate of insurance, showing

The City With The Planned Future

proper insurance coverage and (b) an indemnity and hold harmless agreement in favor of the city of Harrisonburg, Virginia.

NOW, THEREFORE, in consideration of the issuance of the permit as set forth above,

Advanced Entertainment Technologies DBA Image Engineering, does hereby bind, jointly and severally

their heirs, executors, administrators, successors and assigns, to indemnify and hold harmless the
said City of Harrisonburg, Virginia, against all actions, debts, claims, damages, costs, charges
and expenses, including court costs and attorneys fees at law or in equity, arising out of the
issuance of the above permit for the purposes as set forth above.

Signed and sealed this	30th	day of	April	, 20_14	
			7 ** ** **		



Harrisonburg July 4th 2014					
QTY	Cake Count				
1	4				
1	4				
1	2				
1	2				
1	1				
1	4				
1	2				
1	2				
1	3				
1	2				
1	3				
1	2				
1	2				
1	4				
1	4				
1	4				
1	2				
1	4				
	51				
	QTY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

All Product is subject to availability upon purchase.

****Any unavailable product will be replaced by similar

product that is of the same size/ quanity.

NOTE: All product is 1.4G cakes with 500 grams Net Explosive weight or less.



Site Operations Schedule

HARRISONBURG 4TH OF JULY FIREWORKS

217 S. Liberty St., Harrisonburg VA 22801

DATE & TIME OF DISPLAY: Friday, July 4, 2014 at approx.

9:30pm

DATE & TIME PRODUCT

ARRIVAL TO SITE: Friday, July 4, 2014 at approx 2pm

DATE & TIME OF LOADING: Friday, July 4, 2014 at approx.

2:15pm

DATE & TIME OF CLEAN UP: Friday, July 4, 2014 at approx.

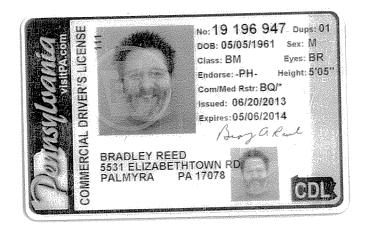
10pm immediately following the

display

DATE & TIME OF RAIN DATE: TBD

REMOVAL OF LIVE PRODUCT FROM SITE: Any live

product or "duds" will be boxed in approved boxes, reloaded on the truck, and returned to magazine of origination of the product. The route plan will be the opposite directions of the original route plan site.



MEDICAL EXAMINER'S CI	ERTIFICATE					
I certify that I have examined Draw H. Federal Motor Carrier Safety Regulations (49 CFR 991.41-391.49 this person is qualified; and, if applicable, only when:	ln accordance with the and with knowledge of the driving duties, I find					
□ wearing aid □ accompanied	n an exempt intracity zone (49 CFR 391.62) I by a Skill Performance Evaluation Certificate (SPE) operation of 49 CFR 391.64					
The information I have provided regarding this physical examination with any attachment embodies my findings completely and co	on is true and complete. A complete examination					
SIGNATURE OF MEDICAL EXAMINER	TELEPHONE 7/1-43/-1770 DATE 7/2 5/12					
MEDICAL EXAMINER'S NAME (PRINT)	☐MD ☐ Chiropractor					
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. ISSUING	ASTATE DO					
NATIONAL REGISTRY NO.	4 6					
SIGNATURE OF DRIVER	INTRASTATE CDL ONLY					
DRIVER'S LICENSE NO.	YES NO YES NO					
19 196 947 ADDRESS OF DRIVER	STATE					
553/ ElizabethTown Romenton Date	1 Palmyra PA 17078					
7/25	2015					
DRIVER COPY						

Virginia State Fire Marshal's Office Certified Pyrotechnician - Aerial

Name: Reed, Bradley A

Issue date: June 30, 2011 Expiration date: June 30, 2014

Certification #: 19196947PA