

ATTACHMENT A

INSERT COPY OF FIREWORKS APPLICATION AND ATTACHMENTS

**City of Ames / Iowa State University
Fireworks Permit Application**

**City of Ames
Fireworks Show
Wednesday July 3rd, 2019**

Prepared By:

Kelm Brueschke
J & M Displays, Inc.
4104 83rd Street
Urbandale, IA 50322

Cell Phone: 515.321.2761
Fax Number: 515.276.6828
Email: kelmbrueschke@gmail.com

Fireworks, Pyrotechnics or Flame Effects Application
Iowa State University of Science and Technology

Applicant Information

Name of Event: City of Ames Independence Day Celebration Fireworks
Name of Organization Sponsoring Event: Ames Young Professionals Ames convention & Visitors Bureau
Address of Organization: 304 Main Street, Ames, IA 50010 1401 Golden Aspen Dr, #110, Ames, IA 50010
Name of Applicant: Sarah Buss Crystal D. DAVIS
Phone: 515.232.2910 4032 Fax: _____ E-Mail: Sarah@ameschamber.com crystal.d@amescvb.com

Event Information

Event Location: Parking Lot G7 East of Jack Trice Stadium - See Aerial View attached Estimated attendance: 10,000
Event Date: 7/3/2017 2019 Time: 10:00 a.m. p.m. Alternate Date (rain date) for event: 7/5/2017 2019
Organization's on-site manager or contact for day of Display:
Phone: 515.232.2910 4032 Fax: _____ E-Mail: Sarah@ameschamber.com crystal.d@amescvb.com

Firework Display Information: Attach a copy of the Display Operator credentials and applicable U.S. DOT requirement information for transportation with this application

Display Operator (company name): J & M Displays - Kelm Brueschke, Sales Rep
Address: 18064 170th Avenue
City: Yarmouth State: IA Zip Code: 52660
Work-week Phone: 515.321.2761 Fax: _____ E-Mail: kelmbrueschke@gmail.com
Operator Name for day of Display: Tony Mosher Cell Phone: 515.210.7942
Other Contact for day of Display: Kelm Brueschke Cell Phone: 515.321.2761

NOTE: Electronic firing ONLY

Type of Fireworks: 3", 4", 5" Shells & Finale Strings - See attached Attach Display Program
Length of Display: 15 to 20 Minutes
Fireworks Supplier: J & M Displays
Exact Location of Display: Parking Lot G7 East of Jack Trice Stadium Attach Diagram of Display/Shoot Location

Insurance Requirements: Insurance coverage and certificate requirements are on the back of this form.
Student Organizations Only: Submit an Event Authorization and Notification Form with other event documents (including this application) at least 6 weeks prior to the event.

The display operator, EH&S and ISU Police will monitor weather conditions prior to and during the display event. EH&S, ISU Police or the Ames Fire Department have the authority to cancel or postpone any display if they determine there is not strict adherence to the approved application; or there is lightning, wind gusts or inclement weather that will cause risks to the crowd or surrounding property.

6-10-19
Date

6/1/2017
Date

APPROVAL SIGNATURES:
6/10/19
Date
6/11/19
Date
21 June 2019
Date
Date

Crystal D. Davis
Sponsoring Organization Representative Signature
I have read and agree to the responsibilities stated in the ISU Fireworks, Pyrotechnics and Flame Effects Procedures and also agree that I will meet all insurance requirements listed on this application and that this insurance will be primary.
Kelm P Brueschke
Display Operator Representative Signature
[Signature]
Environmental Health and Safety
[Signature]
ISU Police
[Signature]
City of Ames Fire Inspector
[Signature]
Office of Risk Management

City of Ames Fireworks Permit Application



PERMIT TO DISPLAY FIREWORKS APPLICATION

Name of Event **City of Ames Fireworks Display**

Date & Time of Event **7/3/2019 10:00 p.m.** Rain Date & Time **7/5/2019 10:00 p.m.**

Applicant Name **Crystal Davis** Phone **515.232.4032**

Email **crystald@amescvb.com**

Organization Name **Ames Convention & Visitors Bureau**

Address **1601 Golden Aspen Drive # 110**

City **Ames** State **IA** Zip Code **50010**

Contact for Day of Display **Crystal Davis** Phone **515.**

Exact location of shoot/display **Parking Lot G7 East of JackTrice Stadium**

Attach diagram of display location

Size of shells and/or type of display **3", 4" & 5" Shells**

Attach effects list or schedule

Name of Display Operator/Responsible Shooter **Tony Mosher**
(This person is to be present on the day of the event.)

Attach a resume showing pyrotechnic certification/qualifications

Phone number for Display Operator/Responsible Shooter **515-210-7942**

Name of Insurance Company **Britton Gallagher agent for Everest Natl**
See below for detailed information about insurance requirements.

Display sites are subject to examination by the City Fire Inspector or his/her designee. The Ames Fire Department has authority to cancel/postpone any display if it is determined that there are safety concerns.

Applicant Signature *Crystal D. Davis* Date **6-10-19**

Display Operator Signature *Kelvin P. Bremer* Date **6/1/2019**

City of Ames Insurance Requirements:

- Comprehensive General Liability limits in the amount of \$1,000,000 combined single limit and Excess Liability limits in the amount of \$5,000,000. Coverage shall be at least as broad as the ISO Form Number CG0001 covering commercial general liability written on an occurrence basis only.
- Applicant and/or Sponsor must be named as certificate holder(s).
- The City of Ames, its officers and employees must be named as additional insured.
- A copy of the current insurance certificate must be filed with the City Clerk.

NOTE: This application not to be used for displays originating on Iowa State University property.

Submit your completed permit application to: rknutsen@city.ames.ia.us
City of Ames
City Clerk's Office
PO Box 811
Ames, IA 50010

For displays on property owned by Iowa State University, an alternate application must be submitted to ISU Risk Management at least six (6) weeks prior to the event. Please refer to forms and information found at: <http://www.riskmanagement.iastate.edu/events/fireworks> or contact the ISU Office of Risk Management at 515-294-7711.

For Office Use Only

Documents Received

Date: _____

Completed Application

Sketch

ISU Property

Fee

Fee \$25.00

Date Fee Paid _____

Insurance

Received _____

Approved _____

Follow Up

Application approved

Fire Inspector approved

Permits database updated

Permit Letter prepared

Letter copied and mailed

City Council Meeting

Added to Agenda _____

City Council Approved _____

Permit Number _____

Special Conditions:

Application Denial Reasons:

DISPLAY OPERATOR INFORMATION:

The fireworks display company must carry fireworks display liability insurance with a company acceptable to Iowa State University. In accordance with the policies and procedures of Iowa State University, all event sponsors and participants must be adequately insured. An original Certificate of Insurance must be submitted with the Fireworks Application at least six (6) weeks prior to the event. Please share the following insurance requirements with your insurance agent to facilitate issuance of the certificate of insurance:

1. The company must be at least A Class VII rated by A. M. Best Company.

The insurance companies providing coverage must be of an acceptable financial rating as determined by Iowa State University Office of Risk Management.

Exceptions are possible; however, ISU retains the right to require the A rating. Unrated companies are not accepted.

2. State of Iowa; Board of Regents, State of Iowa; and Iowa State University must be named as additional insureds.

All legal entities referenced above must be individually listed on the certificate as an additional insured for liability coverage.

Additional insured status shall be on a primary and non-contributory basis.

3. We require occurrence coverage.

The certificates should be marked "occurrence." If there is no box marked "occurrence," we require the notation "occurrence form" in the Special Conditions box.

4. The certificate must be complete.

Certificates without limits, insurance company, or coverage indicated are not acceptable.

5. Limit Requirements:**• General Liability**

The policy must provide the following coverage and limits as a minimum: \$1,000,000 combined single limit per occurrence for bodily injury including death, personal injury and property damage.

• Automobile Liability

The policy must provide the following limit for Automobile Liability: \$1,000,000 combined single limit each accident.

• Worker's Compensation and Employer's Liability

The policy must provide for the Statutory Limits of \$100,000/\$500,000/\$100,000. Also required under Worker's Compensation is a Waiver of Subrogation in favor of Iowa State University/State Board of Regents.

• Excess Liability

The policy must provide \$5,000,000 for Excess Liability coverage.

6. The policy shall provide for thirty (30) days' written notice to Iowa State University in the event of any modification, cancellation, or termination.**7. Insurance policy term must be for the duration/term of contract or specific to the event date(s).****Certificate of Insurance**

Mail or fax the certificate to:

Office of Risk Management, Iowa State University
3618 Administrative Services Bldg., Ames, Iowa 50011
Fax #: (515) 294-3105

For questions or concerns contact: Deb Keys, Insurance Coordinator, at (515) 294-7711

Application Submittal

The application must include the following attachments:

- Certificate of Insurance for the Display Operator with appropriate limits and named insureds
- Copy of the Display Operator's license
- Diagram of the display location from the Display Operator
- Effects list/schedule from the Display Operator (must indicate electronic firing will be used for ignition)
- \$100.00 application processing fee (check made payable to Iowa State University)

Mail the completed application with attachments at least six (6) weeks prior to the event to:

Office of Risk Management, Iowa State University, 3618 Administrative Services Building, Ames, Iowa 50011

For questions, please contact the Office of Risk Management

Phone: (515) 294-7711 Fax: (515) 294-3105

Show Details:

Event Name: City of Ames Independence Day Celebration Fireworks

Organization: Ames Convention & Visitors Bureau

Contact: Sarah Buss *Crystal D. Davis*

Address: 1601 Golden Aspen Drive # 110
Ames, IA 50010

Phone: 515.232.4032 **Fax:**

Email: *crystal d*
crystakd@amescvb.com *cdc*

Venue: ISU - Parking Lot G7 East of Jack Trice Stadium

Responding Fire Department: Ames Fire Department - Ames, IA

Show Date: Wednesday July 3rd, ~~2018~~ *2019* *cdc*

Shoot Time: 10:00 p.m.

Duration of Show: 15 to 20 minutes

Lead Display Operator:

Tony Mosher – Credentials

- PGI Certified Shooter
- Cell Phone: 515.210.7942

Back-up Display Operator:

Lec Munson – Credentials

- PGI Certified Shooter
- Cell Phone: 641.990.6760

Back-up Display Operator:


Kelm Brueschke – Credentials

- PGI Certified Shooter
- Minnesota Fireworks License & Indoor Close Proximity License
- Missouri Fireworks License & Indoor Close Proximity License
- Cell Phone: 515.321.2761

Pyrotechnic Products Proposed:

Quantity	Type/Class	Description
200	Class B (1.3g)	3" Shells
220	Class B (1.3g)	4" Shells
125	Class B (1.3g)	5" Shells
17	Class B (1.3g)	3" 10 Shot Finale Strings
9	Class B (1.3g)	4" 8 Shot Finale Strings

Insurance Certificate: \$10,000,000.00 coverage. Certificate attached.

 CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 4/29/2019														
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 (Acc. No.): 216-658-7100 FAX (Acc. No.): 216-658-7101 E-MAIL: ADDRESS:															
INSURED J & M Displays, Inc. 18064 170th Avenue Yarmouth IA 52660		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Everest Indemnity Insurance Co.</td> <td>10851</td> </tr> <tr> <td>INSURER B: Maxum Indemnity Company</td> <td>26743</td> </tr> <tr> <td>INSURER C: Axis Surplus Insurance Company</td> <td>26620</td> </tr> <tr> <td>INSURER D: Everest Denali Insurance Company</td> <td>16044</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Everest Indemnity Insurance Co.	10851	INSURER B: Maxum Indemnity Company	26743	INSURER C: Axis Surplus Insurance Company	26620	INSURER D: Everest Denali Insurance Company	16044	INSURER E:		INSURER F:	
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INSURER D: Everest Denali Insurance Company	16044															
INSURER E:																
INSURER F:																

COVERAGES CERTIFICATE NUMBER: 1296117503 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	ADJUDICATED INSR YWVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		SIBML00050-191	1/15/2019	1/15/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCUR) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOF AGG \$2,000,000 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> H-RENTED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		SIBCA00033-191	1/15/2019	1/15/2020	COMBINED SINGLE LIMIT (E & OCCUR) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$		EXCE028118-04	1/15/2019	1/15/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Excess Liability		P-001-000063943-01	1/15/2019	1/15/2020	Each Occurrence \$4,000,000 Aggregate \$4,000,000 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.
 FIREWORKS DISPLAY DATE: July 3, 2019
 RAIN DATE: July 5, 2019
 LOCATION OF EVENT: Iowa State University, Lot G7, East of Jack Trice Stadium
 ADDL INSURED: The City of Ames, Iowa, its employees, volunteers, officers, elected officials, partners, subsidiaries, divisions & affiliates, See Attached...

CERTIFICATE HOLDER Ames Convention & Visitors Bureau ATTN: Crystal Davis 1601 Golden Aspen Drive #19 Ames IA 50010	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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AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Britton Gallagher		NAMED INSURED J & M Displays, Inc. 18064 170th Avenue Yarmouth IA 52660	
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

event sponsors & landowners as their interest may appear in relation to this event; Ames Convention & Visitors Bureau (sponsor); State of Iowa (property owner); Iowa State University (sponsor/event organizer); Board of Regents, State of Iowa (property owner/management)

Waiver of subrogation in favor of Iowa State University/State Board of Regents.

Insurance Certificate: Workman's Compensation Insurance Certificate.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/10/2019

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 (AC, Ho, Ext): 216-658-7100 FAX (AC, Not): 216-658-7101 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED J & M Displays, Inc. 18064 170th Avenue Yarmouth IA 52660	INSURER A: Everest Indemnity Insurance Co. NAIC # 10851	
	INSURER B: Maxum Indemnity Company 26743	
	INSURER C: Axis Surplus Insurance Company 26620	
	INSURER D: Everest Denali Insurance Company 16044	
	INSURER E: Technology Insurance Company	
INSURER F:		

COVERAGES CERTIFICATE NUMBER: 749027584 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	ADDSUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	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"/> PROJECT <input type="checkbox"/> LOC		SI8ML00060-191	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 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		SI8CA00033-191	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) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$		EXC6028118-04	1/15/2019	1/15/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	TARIA1023074-00 (MASTER)	3/15/2019	3/15/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Excess Liability		P-001-000063943-01	1/15/2019	1/15/2020	Each Occurrence \$4,000,000 Aggregate \$4,000,000 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.

CERTIFICATE HOLDER J & M Displays, Inc. 18064 170th Avenue Yarmouth IA 52660	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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Insurance Certificate: Additional Insured Endorsement for City of Ames & ISU.

POLICY NUMBER: SI8ML00060-191

COMMERCIAL GENERAL LIABILITY
ECG 20 592 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

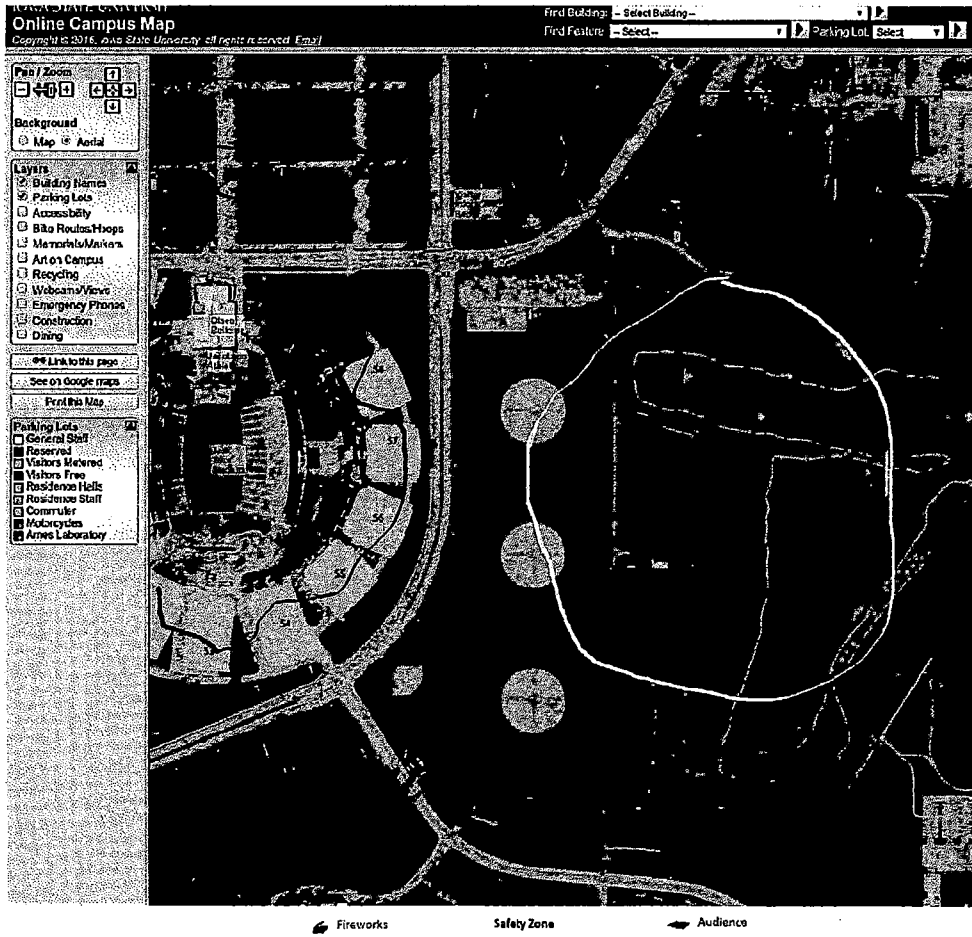
SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s)</p> <p>ANY PERSON OR LEGAL ENTITY IN WHICH YOU HAVE A WRITTEN CONTRACT, AGREEMENT, OR PERMIT WHICH REQUIRES THAT YOU NAME THE CONTRACTING PARTY AS AN ADDITIONAL INSURED.</p> <p>The City of Ames, Iowa, its employees, volunteers, officers, elected officials, partners, subsidiaries, divisions & affiliates, event sponsors & landowners as their interest may appear in relation to this event; Ames Convention & Visitors Bureau (sponsor); State of Iowa (property owner); Iowa State University (sponsor/event organizer); Board of Regents, State of Iowa (property owner/management)</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

- A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.
- B. The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.
- C. The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
 - 1. The Limits of Insurance required by the written agreement between the parties; or
 - 2. The Limits of Insurance provided by this Coverage Part.
- D. With respect to the insurance afforded to an additional insured, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.

Shoot Site: Aerial Photo/Diagram



Pyrotechnic Resume

Kelm Brueschke
4104 83rd Street
Urbandale, IA 50322

Cell: 515.321.2761 / Fax: 515.276.6828
Email: kelmbrueschke@gmail.com

Experience Summary:

My career in the fireworks/pyrotechnics industry began in the summer of 1991. Since then, I've been involved with over 800 indoor or close proximity and over 800 outdoor display firework shows. I have served as the lead Pyrotechnician on more than 98% of these events and was also responsible for designing and choreographing the shows. I've worked with several fireworks organizations over the years to gain valuable knowledge and experience about the industry, setup and firing techniques, rules and regulations and most important of all the safety for the shoot team and spectators. In June of 1998, I started my own company called Prism Fireworks and Pyrotechnics and continued with the business until 2002. I'm currently designing, selling and shooting outdoor display shows for J & M Displays of Yarmouth, IA and indoor/close proximity shows for Hi-Tech FX. Both companies are located in Yarmouth, IA.

Partial List of Indoor & Close Proximity Shows:

- Hy-Vee Let's Move with Michelle Obama Wells Fargo Arena – Des Moines, IA (2012) (Indoor Effects)
- Hy-Vee Triathlon – West Des Moines & Des Moines, IA (2008-2012) (Close Proximity Effects)
- Jordan Creek Town Center – Grand Opening Celebration (2004) (Close Proximity Effects)
- Jordan Creek Town Center – July 4th Celebration (2005 – 2012) (Close Proximity Effects)
- Jordan Creek Town Center – Christmas Kickoff (2004 – 2012) (Close Proximity Effects)
- Barnum Halloween Party (2001, 2002, 2003, 2004, 2006, 2009, 2010, 2011, 2012) (Close Proximity Effects)
- Prairie Meadows Race Track And Casino – Altoona, IA (2003 – 2012) (Close Proximity Effects)
- Special Olympics Opening Ceremonies – Hilton Coliseum Ames, IA (2004, 2005, 2006, 2007, 2008) (Indoor Effects)
- Iowa State Girls High School Basketball Tournament - Des Moines, IA (2004) (Indoor Effects)
- Iowa Cubs Triple A Baseball Club (1993 - 2001) (Outdoor Close Proximity Effects)
- Iowa Barnstormers Arena Football Team (1993 – 2001 & 2008 – 2012) (Indoor Effects)
- Des Moines Menace Soccer Team – Des Moines, IA (2000) (Outdoor Close Proximity)
- Vice President Gore – Election Campaign 2000 – Des Moines, IA, Kansas City, MO, Pittsburgh, PA, St. Louis, MO, Las Cruces, NM, Westwood, CA, Dearborn, MI, Ames, IA (2000) (Indoor/Stage Effects & Close Proximity Effects)
- Vice President Gore - Iowa Caucus Rally – Des Moines, IA (2000) (Indoor Effects)
- Iowa State University Men's & Women's Basketball – Big 12 Championships (2000) (Indoor Effects)
- Iowa State University Homecoming – Ames, IA – (1997 – 2012) (Close Proximity Effects)
- Sioux City Musketeers - Hockey Game - Sioux City, IA (1999) (Indoor Effects)
- Gateway Computer - Holiday Party - Sioux City, IA (2000) (Indoor Effects)
- University of Nebraska at Omaha - Hockey Game - Omaha, NE (2000) (Indoor Effects)

Partial List of Outdoor Shows as Lead Operator:

- Fairmont Minnesota – July 4th Celebration (2005-2011)
- Jordan Creek Town Center – Grand Opening/July 4th Celebration (2004 - 2011) (Outdoor Displays)
- Prairie Meadows Race Track & Casino - Altoona, IA (2003 - 2011)
- Newton 4th of July Celebration - Newton, IA (2003, 2004, 2005)
- Marshalltown 4th of July Celebration - Marshalltown, IA (2003 - 2008)
- Iowa Cubs Triple A Baseball Club - Des Moines, IA (1993 - 2001) (Outdoor Displays)
- Des Moines Symphony - 4th of July Celebration (1995 – 1998, 2000)
- Des Moines Art Festival – Des Moines, IA (2003)
- Gray's Lake Celebration – Des Moines, IA (2003)
- Iowa State University - Alumni Foundation Order of the Knoll - Ames, IA (1996 - 1999) (Outdoor Effects)
- Fort Dodge, 4th of July Celebration (1993 - 2000)
- Sioux City Downtown Partnership - New Year's Eve - Sioux City, IA (1999)
- Pioneer Hi-Bred Int'l - Christmas Party - Des Moines, IA (1999)
- Vice President Gore – Election Campaign 2000 – Des Moines, IA, Kansas City, MO, Pittsburgh, PA, St. Louis, MO, Las Cruces, NM, Westwood, CA, Dearborn, MI, Ames, IA (2000) (Outdoor Displays)

Kelm Brueschke

Pyrotechnic Resume (continued)

Professional Certifications, Licenses And Memberships:

Member of the Pyrotechnics Guild International (PGI) – Since 1997 – present
Certified Pyrotechnician by the Pyrotechnics Guild International (PGI) – August 1999 – present
Certified Pyrotechnician Trainer by the Pyrotechnics Guild International (PGI) – March 2008 – present
Missouri Fireworks Display Operator - April 2005 – present
Missouri Indoor/Proximity Pyrotechnic Operator - April 2005 – present
Minnesota Fireworks Display Operator – April 2005 – present
Minnesota Indoor/Proximity Pyrotechnic Operator – April 2005 – present

Other Items of Note Regarding Fireworks & Pyrotechnics:

- Attended Pyrotechnics Guild International Convention (1997, 1999, 2000, 2001, 2005)
- Obtained and held the following ATF Licenses While Owning Prism Fireworks & Pyrotechnics:
 - Type 19 Manufacturer of Theatrical Flash Powder
 - Type 50 Manufacturer of Fireworks (Consumer, Display and Components)
 - Type 51 Importer of Fireworks (Display)
- Attended several fireworks safety classes/courses at PGI conventions
- Attended J & M Displays Fireworks Shooter Safety course several times
- Designed and Taught Fireworks Shooter Safety course as owner of Prism Fireworks & Pyrotechnics, Inc.
- Currently hold Iowa Commercial Driver's License with HAZMAT endorsement

Professional References:

Jim Oetken

J & M Displays, Inc., Chief Executive Officer
18064 170th Avenue, Yarmouth, IA 52660
Phone: 800-648-3890

Brian Panther

Hi-Tech FX, President
1135 Avenue I, Fort Madison, IA 52627
Phone: 319-470-1689

Mark Johnson

Hi-Tech FX, Vice President, J & M Displays, Vice President
405 South Northfield, Mediapolis, IA 52637
Phone: 319-759-1894

Tom Patava

Des Moines Fire Department, Fire Department
901 Mulberry Street, Des Moines, IA 50309
Phone: 515-283-4242

Mike Whitsell

West Des Moines Fire Department, Fire Marshal
3421 Ashworth Road
West Des Moines, IA 50265
Phone: 515-222-3428

Pyrotechnic Resume

Tony Mosher
506 East Plainsman Road
Prairie City, IA 50228

Cell: 515.210.7942
Email: Spheac@gmail.com

Experience Summary:

I've been shooting fireworks show for over 15 years. All of my work and training has been with J & M Displays of Yarmouth, IA.

Partial List of Outdoor Shows as Lead Operator:

- City of Ames 4th of July Celebration, Ames, IA – 7 years
- Jordan Creek Town Center, West Des Moines, IA – 2 shows each year for 10 years
- Barnum Halloween Party, Urbandale, IA – 7 years
- Prairie Meadows Race Track And Casino – Altoona, IA 3 years
- Iowa Cubs Triple A Baseball Club, Des Moines, IA – Multiple Shows for 3 years
- Iowa State University Homecoming – Ames, IA – 3 years
- Newton 4th of July Celebration - Newton, IA – 2 years

Professional Certifications, Licenses And Memberships:

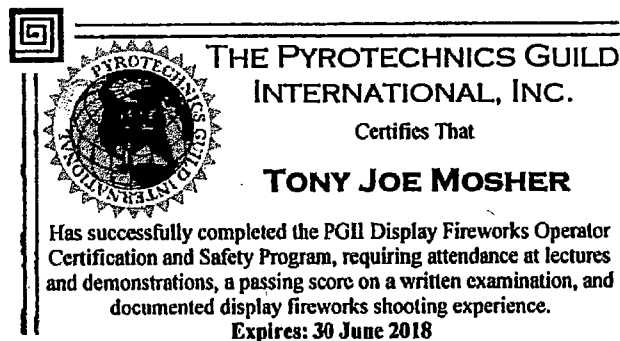
Certified Pyrotechnician by the Pyrotechnics Guild International (PGI) – August 1999 – present

Professional References:

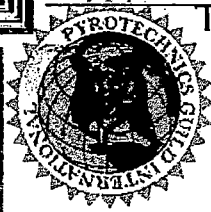
Jim Oetken

J & M Displays, Inc., Chief Executive Officer
18064 170th Avenue, Yarmouth, IA 52660
Phone: 800-648-3890

Tony Mosher – PGI Certified Shooter Card
Expires 30 June 2018



Kelm Brueschke – PGI Certified Shooter Card
Expires 31 May 2020



**THE PYROTECHNICS GUILD
INTERNATIONAL, INC.**

Certifies That

KELM BRUESCHKE

Has successfully completed the PGII Display Fireworks Operator Certification and Safety Program, requiring attendance at lectures and demonstrations, a passing score on a written examination, and documented display fireworks shooting experience.

Expires: 31 May 2020

Pyrotechnics Guild International, Inc.

KELM BRUESCHKE



has successfully completed a Display Fireworks Shooters Safety Certification Program. This program requires attendance at lectures and demonstrations, a passing score on a written examination and documented shooting experience.

9/17/99

Date

Ed Vanasek

Ed Vanasek, PGI Sec-Treasurer

Performance by the holder of this certificate is beyond the control of the PGI and PGI organization makes no warranty as to the holder's future performance.

Kelm Brueschke – ATF Letter of Clearance – June 11th, 2013



U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives
Federal Explosives Licensing Center
244 Needy Road
Martinsburg, West Virginia 25405

901090: CRR/FLS
5-400
File Number: 51A00054

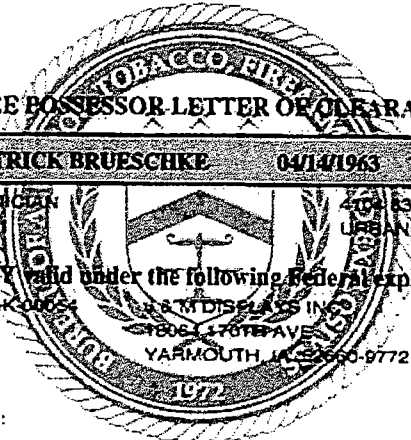
06/11/2013

SUBJECT: EMPLOYEE POSSESSOR LETTER OF CLEARANCE for:

KELM PATRICK BRUESCHKE 04/14/1963

PYROTECHNICIAN (515)321-2761 400 BARD STREET URBANDALE, IA 50322

and is ONLY valid under the following Federal explosives license/permit:
6-IA-057-50-5K-00024



Dear KELM BRUESCHKE:

You have been approved to transport, ship, receive or possess explosive materials as an employee possessor under the Federal explosive license or permit indicated above. This clearance is only valid under the license or permit referenced above.

Sincerely,

Christopher R. Reeves
Christopher R. Reeves
Chief, Federal Explosives Licensing Center (FELC)

FELC Customer Service. If you believe that information on your "Letter of Clearance" is incorrect, please return a COPY of the letter to the Chief, Federal Explosives Licensing Center (FELC), with a statement showing the nature of the error. The Chief, FELC, shall correct the error, and return an amended letter to you.

Mail: ATF
Chief, FELC
Attn.: LOC Correction
244 Needy Road
Martinsburg, West Virginia 25405

Fax: 1-304-616-4401
Chief, FELC
Attn.: LOC Correction

Call toll-free: 1-877-283-3352

WWW.ATF.GOV

KELM PATRICK BRUESCHKE

Employee Possessor Letter of Clearance for:

**J & M Displays
ATF License
Expires October 1st, 2018**

U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

**Federal Explosives License/Permit
(18 U.S.C. Chapter 40)**

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF Correspondence To	ATF - Chief, FELC 244 Needy Road Martinsburg, WV 25405-9431	License/Permit Number	5-1A-057-50-8K-00054
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Chief, Federal Explosives Licensing Center (FELC) <i>Christopher R. Reers</i>	Expiration Date	October 1, 2018
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Name
J & M DISPLAYS INC

Premises Address (Changes? Notify the FELC at least 10 days before the move.)
**18064 170TH AVE
YARMOUTH, IA 52660-9772**

Type of License or Permit
50-MANUFACTURER OF EXPLOSIVES

Purchasing Certification Statement
The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under Type of License or Permit.

Mailing Address (Changes? Notify the FELC of any changes.)

**J & M DISPLAYS INC
18064 170TH AVE
YARMOUTH, IA 52660-9772**

<i>James J. Oetker</i> Licensee/Permittee Responsible Person Signature	<i>C.F.E.O.</i> Position Title
James J. Oetker Printed Name	9-1-2016 Date

ATF Form 5400.14-5400.15 Part 1
Revised October 2011

Previous Edition is Obsolete J & M DISPLAYS INC 18064 170TH AVE YARMOUTH, IA 52660-9772 50-MANUFACTURER OF EXPLOSIVES

Federal Explosives License (FEL) Customer Service Information

Federal Explosives Licensing Center (FELC) 244 Needy Road Martinsburg, WV 25405-9431	Toll-free Telephone Number: (877) 283-3352 Fax Number: (304) 616-4401 E-mail: FELC@atf.gov	ATF Homepage: www.atf.gov
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Change of Address (27 CFR 555.54(a)(1)). Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. (The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)

Right of Succession (27 CFR 555.59). (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the licensee or permit for for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Cut Here ✂

Federal Explosives License/Permit (FEL) Information Card	
License/Permit Name: J & M DISPLAYS INC	
Business Name:	
License/Permit Number: 5-1A-057-50-8K-00054	
License/Permit Type: 50-MANUFACTURER OF EXPLOSIVES	
Expiration:	October 1, 2018
Please Note: Not Valid for the Sale or Other Disposition of Explosives.	

**ATTACHMENT B
INSURANCE AND INDEMNIFICATION REQUIREMENTS**

Insurance

Display Operator shall carry, and require its subcontractors who will be present on ISU property to carry, the insurance coverage below. ISU reserves the right to increase the minimum limits if ISU determines additional types or limits of coverage are necessary. The insurance companies providing coverage must be of an acceptable financial rating as determined by ISU. All policies must be written on a primary basis, non-contributory with any other insurance and/or any self-insured funds of the following: State of Iowa; Board of Regents, State of Iowa; or ISU. Insurance policy term must be for the duration/term of contract or specific to the event date(s).

Commercial General Liability

General Aggregate per location	\$1,000,000
Each Occurrence Limit	\$1,000,000

The policy must provide coverage and limits at a minimum: \$1,000,000 combined single limit per occurrence for bodily injury including death, personal injury and property damage.

Excess/Umbrella Liability

The policy must provide for \$5,000,000 per occurrence.

Automobile

\$1,000,000 combined single limit each accident to include non-owned, hired, or rented vehicles.

Worker's Compensation and Employer's Liability

Statutory Limits of \$100,000/\$500,000/\$100,000.

Must include an endorsed Waiver of Subrogation in favor of Iowa State University; State of Iowa; and Board of Regents, State of Iowa.

Display Operator shall provide a certificate of insurance listing the following as additional insureds: Iowa State University; Board of Regents, State of Iowa; and State of Iowa, and City of Ames, Iowa. Additional insured status must be endorsed to the policy and shall be on a primary and non-contributory basis. The certificate shall not be modified, reduced, canceled, or terminated without the Display Operator providing ISU with thirty days' prior written notice. The certificate must be submitted to:

Office of Risk Management, Iowa State University
3618 Administrative Service Building
Ames, Iowa 50011
FAX# (515) 294-3105
EMAIL: orm@iastate.edu

ISU shall have the right to prohibit Display Operator from entering ISU property until ISU receives such certificates or other evidence that the required insurance has been obtained. If Display Operator or its subcontractors fail to carry the required insurance or if Display Operator fails to submit evidence of insurance coverage, ISU shall not allow the event to take place on ISU property.

Limitation of Liability and Indemnification

The premise approved for use during this firework's shoot is provided "AS IS". Display Operator assumes all risk of loss, damage, and liability which Display Operator may sustain while using the Space. IN NO EVENT SHALL ISU BE LIABLE FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES. Display Operator shall indemnify and hold harmless ISU, the State of Iowa, and the Board of Regents – State of Iowa and their officers, employees, and agents from and against all liability, claims, demands or causes of action (including claims by Display Operator's employees, agents, guests and sponsoring organization) arising from the acts or omissions of Display Operator or its employees, agents, subcontractors, guests or sponsoring organization or arising from Sponsoring Organization's or Display Operator's Event, except those resulting from the negligence of any ISU employee or agent.