**City Fireworks Sponsorship Questionnaire Form**

If your city is a member of the League of Minnesota Cities Insurance Trust and is going to be involved in a fireworks display, this questionnaire should be completed to determine whether liability coverage is available. Email completed form to your city’s underwriter or to Katie Winge at [kwinge@lmc.org](mailto:kwinge@lmc.org) prior to the event.

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| **Section 1: General Information** | |
| 1. City name: | Click or tap here to enter text. |
| 1. Event name: | Click or tap here to enter text. |
| 1. Event date(s): | Click or tap here to enter text. |
| 1. Number of Fireworks Exhibitions: | Click or tap here to enter text. |

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| **Section 2: Sponsorship** | |
| 1. Is the city the sponsor of the fireworks exhibition? | Choose an item. |
| 1. If yes, does the city: | |
| 1. Contract with a pyrotechnic contractor to shoot the exhibition? (Complete Sections 3 & 5) | Choose an item. |
| 1. Use a city employee as the pyrotechnic operator? (Complete Sections 4 & 5) | Choose an item. |
| 1. Describe other arrangements: | Click or tap here to enter text. |
| 1. List city’s loss experience (claims) for this firework display during past 5 years: | Click or tap here to enter text. |

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| **Section 3: Pyrotechnic operator is independent contractor** | |
| 1. Contractor name: | Click or tap here to enter text. |
| 1. Contractor address: | Click or tap here to enter text. |
| 1. Is the contractor licensed? | Choose an item. |
| 1. Is the contractor certified by the State of Minnesota? | Choose an item. |
| 1. Number of years’ experience? | Click or tap here to enter text. |
| 1. Number of shoots in past 3 years? | Click or tap here to enter text. |
| 1. List special training, education, or operations: | Click or tap here to enter text. |
| 1. Contractor’s insurance company: | Click or tap here to enter text. |
| 1. Liability limits: | Click or tap here to enter text. |
| 1. Is city named as additional insured on contractor’s policy? | Choose an item. |
| 1. Has a hold harmless agreement in favor of the city been executed? | Choose an item. |

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| **Section 4: Pyrotechnic operator is city employee** | |
| 1. Operator name: | Click or tap here to enter text. |
| 1. Is operator certified by Minnesota Dept. of Public Safety? | Choose an item. |
| 1. Number of years’ experience? | Click or tap here to enter text. |
| 1. Number of shoots in past 3 years? | Click or tap here to enter text. |
| 1. List special training, education, or operations: | Click or tap here to enter text. |

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| **Section 5: Rating information** | |
| 1. Cost of fireworks: | Click or tap here to enter text. |
| 1. How many minutes will display last? | Click or tap here to enter text. |
| 1. Size of crowd? | Click or tap here to enter text. |
| 1. Describe observation area(s): | Click or tap here to enter text. |
| 1. Distance from shoot launching site? | Click or tap here to enter text. |
| 1. Distance from shoot landing area? | Click or tap here to enter text. |



Signature of authorized representative:

Printed name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap here to enter text.

[Email completed form to your city’s underwriter](https://www.lmc.org/contact/) or to Katie Winge at [kwinge@lmc.org](mailto:kwinge@lmc.org) or fax to 651.281.1298 prior to the event.