

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706-4814

Fireworks Liability Supplement

New Renewal

Named Insured: _____
Location: _____
Mailing Address: _____
Corporation Partnership Joint Venture Other _____
Policy Period Requested _____
Inspection(Contact/Phone) _____
Accounting Records(Contact/Phone) _____
of years in Business _____ If new, list prior experience _____

Underwriting Information:

Premises Coverage:
Location: _____
Description of Operations: _____ Limit \$ _____

Display Liability – Class B Fireworks:
Gross Sales \$ _____ Number of Displays Expected _____
Please list the number of display certificates for each of the stated limits if liability below.
_____ At \$300,000 CSL
_____ At \$500,000 CSL
_____ At \$600,000 CSL
** Note: higher or lower limits are available upon request
Average Display Amount \$ _____ Largest Display Amount\$ _____

Stands – Class C Fireworks:
Number of Stands _____ Locations _____
Limit \$ _____ Vendor's Risk Required? yes no If Yes, limit required \$ _____

Products:
Gross Sales: Class B \$ _____
Class C \$ _____
Do you manufacture your own fireworks? yes no
If no, from whom do you purchase the fireworks? _____
Do you require Product Liability? yes no If yes, limit required \$ _____

Package Shows:
Gross Sales \$ _____ Number of Package Shows Expected _____
(Package Show Liability is available with Product Liability Only)

General Information: (explain all "yes" responses)

1. The nearest non-owned structure from premises: _____
2. Please list states in which you operate: _____
3. Are established NFPA codes followed? yes no
4. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? yes no
5. Is a formal safety program in operation? yes no
6. Any exposure to flammables, explosives, chemicals? yes no
7. Any other insurance with this company or being submitted? yes no
8. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? yes no
9. Any exposure to radioactive/nuclear material? yes no
10. Do operations involve storing, treating, discharging, applying, disposing, or
Transporting of hazardous material? yes no
11. Any operations sold, acquired, or discontinued in last 5 years? yes no
12. Machinery or equipment loaned or rented to others? yes no
13. Any water craft, docks, barges owned, hired or leased yes no
14. Any parking facilities owned/rented? yes no
15. Sporting or social events sponsored? yes no
16. Any demolition exposure contemplated? yes no

REMARKS: _____

Loss Information:

| Years | # of Losses | Total Losses Paid | Carrier | Premium | Limit |
|-------|-------------|-------------------|---------|---------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

For each claim in excess of \$10,000 describe. (attach sheet with further details if necessary) _____

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

| | |
|---------------------------------|----------------------|
| _____ Signature of Applicant | _____ Date Signed |
| _____ Signature of Agent | _____ Date Signed |