

# **Zambelli**

FIREWORKS

## **City of Coachella Independence Day 2025 20 Minute Fireworks Celebration**



### **Zambelli Fireworks**

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**Shafter, CA**



## **FIREWORKS PROPOSAL**

### **City of Coachella Bagdouma Park 2025 July Fireworks Celebration**

**Show Date Options: Thursday July 3, 2025**

**Show Budget: \$52,000** \* 20-minute display (an all-inclusive show budget).

**Insurance Liability Coverage:** \$10 Million dollars per incident clause to cover the Fireworks Display. Zambelli uses the highest insurance premium in the industry, only offered to "AAA" rated companies.

**State, Local and Federal Permits:** Zambelli Fireworks will secure all necessary state, local and federal permits / required licenses.

**Transportation Liability Coverage:** \$5 Million dollars as required by United States Department of Transportation. (DOT)

**Workers Compensation:** Pyrotechnicians will meet all of the requirements of the Workers Compensation Laws of California.

**Site Security and Fire Protection:** Customer will assist in providing site security and make arrangements with the Authorities Having Jurisdiction.

**Transportation:** Fireworks and equipment will be delivered by qualified CDL drivers with Haz-Mat endorsed licenses as required by US DOT.

**Personnel:** Zambelli Certified Pyrotechnicians and Trained Assistants; no subcontractors used.

**Safety Procedures:** Zambelli Fireworks adheres to all safety regulations. NFPA 1123 code will be strictly enforced.

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## FIREWORKS

### 2025 CITY OF COACHELLA JULY FIREWORKS

#### SYNOPSIS FOR A TWENTY MINUTE DISPLAY

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DEVICE DESCRIPTION	QUANTITY
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#### **ZAMBELLI MULTI SHOT DEVICES (CAKES)**

##### **QUANTITY TWO EACH:**

35 Shot Rainbow Dahlias w/Assorted Colored Tails	70
35 Shot Variegated Moons w/Titanium Reports and Tail	70
35 Shot Gold Brocade Waterfalls w/Gold Tails	70
35 Shot Green and Purple Moon Fan Box w/Green Tail	70
35 Shot Rainbow Crossettes w/Assorted Color Tails Fan Box	70
35 Shot Colorful Pears w/Reports	70
35 Shot Screaming Silver Dervish	70

##### **QUANTITY FOUR EACH:**

36 Shot Super Brocade w/Gold Tails Fan Box	144
36 Shot Rainbow Crossettes w/Assorted Color Tails Fan Box	144
36 Shot Variegated Chrysanthemum w/Palm and Silver Tails Fan Box	144
36 Shot Thunder Tourbillions w/Red and Blue Mines Fan Box	144
36 Shot Gold Brocade Waterfalls w/Gold Tails Fan Box	144
36 Shot Falling Leaves to Cracking Willow	144
36 Shot Crackling Coconut Palm with Color Pistol	144

##### **QUANTITY FOUR EACH:**

100 Shot Variegated Chrysanthemum w/Palm and Silver Tails	400
100 Shot Red Crackling and Green Glittering w/Purple Mines	400
100 Shot Silver Crackling Flowers w/Silver Tails	400
100 Shot Brocade Crown w/Brocade Tail	400
100 Shot Silver Bees	400
100 Shot Variegated Chrysanthemum w/Palm and Silver Tails	400
100 Shot Red Crackling and Green Glittering w/Purple Mines	400

##### **QUANTITY TEN EACH:**

400 Shot V -Shaped Special Effect Multi Shot Repeater	4000
408 Shot Z -Shaped Special Effect Multi Shot Repeater	4080
<b>TOTAL NUMBER OF MULTI EFFECT SHOTS</b>	<b>12,378</b>

#### **TWO AND A HALF INCH DIAMETER SHELLS**

Two and Half Inch Zambelli Specialty Shells	220
Two and Half Inch Palm Shells	200
Two and Half Inch Tourbillion Shells	200
Two and Half Inch Dahlia Shells	200
Two and Half Inch Chrysanthemum Shells	200
Two and Half Inch Serpent Effect Shells	200
Two and Half Inch Multi-Effect Shells	200
Two and Half Inch Zambelli Salute Shells	200
<b>TOTAL NUMBER OF TWO AND HALF INCH DIAMETER SHELLS BODY</b>	<b>1620</b>

#### **ZAMBELLI GRAND FINALE**

Two and Half Inch Assorted Color Finale Display Shells	220
Two and Half Inch Titanium Salute Report Shells	220
Two and Half Inch Zambelli Specialty Finale Display Shells	100
<b>TOTAL NUMBER OF GRAND FINALE SHELLS</b>	<b>540</b>

<b>TOTAL NUMBER OF SHOTS/ SHELLS IN THE DISPLAY</b>	<b>14,538</b>
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## FIREWORKS



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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> Allied Specialty Insurance, Inc. 10451 Gulf Blvd Treasure Island, FL 33706-4814	<b>CONTACT NAME:</b> Michelle Kugler	
	<b>PHONE (A/C, No, Ext):</b> 727-547-3070 <b>FAX (A/C, No):</b> 727-367-5695	
	<b>E-MAIL ADDRESS:</b> mkugler@alliedspecialty.com	
<b>INSURED</b> ZAMBELLI FIREWORKS MFG CO, INC., ETAL 120 Marshall Drive, Warrendale, PA 15086	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> T.H.E. Insurance Company	12866
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CPP0103167-05	02/01/2018	02/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Protection & Indemnity \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			CPP0103167-05	02/01/2018	02/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			ELP0011081-05 Excess P & I Included	02/01/2018	02/01/2019	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Coverage is afforded in the State(s) of:			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Inland Marine / Hull			CPP0103167-05	02/01/2018	02/01/2019	Hull Limit \$900,000 Show Limit \$1,500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Display Date:

Rain Date:

Location:

RE: General Liability, the following are named as additional insured in respects to the negligence of the named insured, excess is follow form:

**CERTIFICATE HOLDER****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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