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April 7, 2025

Columbus City Council  
105 North Dickason Street  
Columbus, WI 53925

Dear Council,

We are requesting a display permit be issued for a fireworks display on Thursday July 4, 2025, with a rain date on Friday July 5, 2025.

The exhibit of fireworks will be displayed at Columbus Fireman's Park Columbus, Wisconsin 53925.

We will be using aerial shells in various sizes for our display program. Fireworks will be 1.3G and 1.4G as defined by BATF.

The approximate time of the display will be dusk. The contact individual for this event will be Richard Bland.

This fireworks display is for Columbus Fourth of July Organization.

If you have any questions, please feel free to contact us at 920.927.5770.

Thank you,

*Jennifer Bland*

Jennifer Bland

Spectrum Pyrotechnics, Inc

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**SPECTRUM PYROTECHNICS, INCORPORATED**  
**W9285 STATE ROAD 16 AND 60 REESEVILLE, WI 53579**  
**PHONE: 920.927.5770**  
**WEBSITE: WWW.SPECTRUMPYROTECHNICS.COM**



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Product List for Fireworks Display July 4, 2025

Main Show

144 – 3" Assorted Color Shells

72 – 4" Assorted Color Shells

30 – 5" Assorted Color Shells

Finale

120 – 3" Assorted Color Shells

15 – 4" Salutes

15 – Assorted Finale Boxes



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04-08-2025

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).

<b>PRODUCER</b>  PROFESSIONAL PROGRAM INSURANCE BROKERAGE DIVISION OF SPG INSURANCE SOLUTIONS, LLC 1304 SOUTHPOINT BLVD., #101 PETALUMA CA, 94954	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> 415-475-4300 <b>FAX (A/C No.):</b> 415-475-4304 <b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Certain Underwriters at Lloyd's, London <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
<b>INSURED</b>  Spectrum Pyrotechnics, Inc W9285 State Road 16 and 60 Reeseville, WI 53579		<b>NAIC #</b> AA-1128623

## 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		PY/24-0295	01/22/2025	01/22/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Columbus Fourth of July Organization, Inc; City of Columbus and its officers and employees ATIMA; Columbus Country Club are Additional Insured as respects the Class B Aerial Fireworks display(s) on 7/4/2025 (RD: 7/5/2025) located at Columbus Firemans Park, 1049 Park Ave, Columbus, WI 53925. This policy provides a two-year extended reporting period from the date of the display. 30-day notice of cancellation applies; 10-day notice for non-payment.

## CERTIFICATE HOLDER

## CANCELLATION

Columbus Fourth of July Organization, Inc.  
P.O. Box 283  
Columbus WI 53925

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

*Susan Etter*

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POLICY NUMBER: PY/24-0295

PYROTECHNIC LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED**

Underwriter's at Lloyd's, London: Referred to in this endorsement as either the "Insurer" or the "Underwriters"

This endorsement modifies insurance provided under the following:

**SECTION III. PERSONS INSURED**

In consideration of the premium charged for the Policy, it is hereby understood and agreed that the following entity(ies) as shown in the schedule below is an additional insured pursuant to Section III.

**Primary and Non-Contributory**

The insurance provided to the Additional Insured scheduled below shall be primary and not contributory with any other insurance maintained by the Additional Insured where this is required by way of a written contract with **Named Insured**.

**Waiver of subrogation**

The **Named Insured** waives any right of subrogation the **Named Insured** may have against any person or organization, where required by the Insured's written contract with the Additional, because of payments made by the **Named Insured** for **Damages and Claims Expenses** arising out of the **Named Insured's** operations in accordance with the written contract.

<b>Additional Insured:</b>
Columbus Fourth of July Organization, Inc. P.O. Box 283 Columbus WI 53925

**All other terms, exclusions and conditions of this Policy remain unchanged.**