

CITY OF MACKINAC ISLAND
COMMERCIAL FIREWORKS PERMIT APPLICATION

Name of Person/Organization Conducting the Display: Wolverine Fireworks Display, Inc.

Address, City, State, Zip: 205 W. Seidlers Rd., Kawkawlin, MI 48634

Phone: 989-662-0121 Fax: 989-662-0122

Name of Pyrotechnics Company/Technician: Paul Kiste

Address, City, State, Zip: 2140 S State Road, Ionia, MI 48846

Phone: 989-607-3296 Fax: _____

Date, Time and Duration of Display: July 4, 2026 (ARD) July 5, 2026, Dusk-Approximately 10:30p.m., Approximately 20 minutes long

Location Offshore of Display (Attach Map): See map

- In addition to the application, the following is required: A copy of the certificate of insurance naming the City of Mackinac Island as additional insured for the amount of \$5,000,000.
- All applicants and pyrotechnic companies must submit, with this application, proof of any licenses, permits or other authorization required by any branch of the local, state or federal government relating to the proposed fireworks display.
- All fireworks displays will only be permitted offshore.

Make checks payable to: City of Mackinac Island

Applicant's Signature: Rachel Lambert Date: 3/20/26

Application Date: 5.14.26 Council Approved Denied Date: _____

Council Date: 5.25.2026

Mackinac Island 4th of July Fireworks

\$20,800.00 Proposal

Includes Insurance & Labor

(Proposal Based off Previous years Budget)

Main

120	3"	Lidu Assorted Shells Time Chained
72	4"	Sunny Assorted Shells
72	4"	Panda Assorted Shells
18	5"	Lidu Assorted Shells w/ Tails
72	5"	Galastar Assorted Shells
54	6"	Lidu Assorted Shells w/Tails
1	100 Shot	Wave Willow
1	25 Shot	2.5" Mix Effects Cake
1	300 Shot	RWB Moving Stars
2	100 Shot	Red Strobe Tail

Finale

108	2.5"	Preloaded 2.5" Titanium Salutes w/Tail
125	3"	Finale, RWB Peony Chained 12/1
144	3"	Finale, Titanium Salute Chained 10/1
36	4"	RWB Crosssette Quick



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/14/2026

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 The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	CONTACT NAME: Sally Boyce PHONE (A/C, No, Ext): 425-897-6026 E-MAIL ADDRESS: ssboyce@tpgrp.com		FAX (A/C, No): 425-455-6727
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Wolverine Fireworks Display, Inc. 205 West Seidlers Road Kawkawlin MI 48631	14347	INSURER A : Palomar Excess and Surplus Insurance Company	16754
		INSURER B : Continental Indemnity Company	28258
		INSURER C : Allianz Global Corporate & Specialty SE	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 480304031

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	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		AESPLMRGL2600021	2/1/2026	2/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			BESCRMNI01160117125501	2/1/2026	2/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			25QS1585	2/1/2026	2/1/2027	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
	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				WC STATU-TORY LIMITS OTH-ER 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)

The following are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured per form ECG 20592 0509 attached:
 City of Mackinac Island, Arnold Freight and Star Line Mackinac Island Ferry
 Date of Event: 7/4/2026 RD 7/5/2026
 Location of Event: On 2 barges on Lake Huron.

CERTIFICATE HOLDER**CANCELLATION**

City of Mackinac Island PO Box 455 Mackinac Island MI 49757	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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City Clerk

From: Rachel Lambert <rachel@wolvdisplay.com>
Sent: Thursday, May 14, 2026 9:02 AM
To: City Clerk
Cc: Steph Castelein
Subject: Mackinac Island 4th of July Fireworks 2026
Attachments: City of Mackinac Island COI 26.pdf; Mackinac Island Proposal 26.pdf; Mackinac Island State Permit Application 26-Signed.pdf; City of Mackinac Island Permit Application 26-Signed.pdf; Mackinac Island Barge Location #2.docx; Mackinac Island Barge Location #1.docx

Hi Danielle!

Attached is the permit paperwork for the 4th of July fireworks displays! If you have any questions or need anything else from me for the approval, please let me know!

Thank you!

Rachel Lambert

Rachel@wolvdisplay.com
Wolverine Fireworks Display, Inc.
205 W Seidlers Rd.
Kawkawlin, MI 48631
Phone: 989-662-0121, Ext #111
Direct Line: 989-607-3296
Fax: 989-662-0122