

OUTDOOR PUBLIC FIREWORKS DISPLAY

Applicant instructions:

1. This application is for an outdoor public fireworks display only and is not valid for an indoor fireworks display.
2. This application must be completed and returned at least 15 days prior to date of display.
3. Fee upon application is \$ _____ and must be made payable to _____

Name of Applicant (Sponsoring Organization): Prairie Home Hospice

Address of Applicant: 1108 E Colledge Dr. Marshall, Mn. 56258

Name of Applicant's Authorized Agent: Cory Brockman

Address of Agent: _____

Telephone Number of Agent: 507-337-0080 Date of Display: 11-28-25 Time of Display: 7:00 PM

Location of Display: Independence Park

Manner and place of storage of fireworks prior to display: in enclosed Trailer under supervision of Pyrotechnician (Paul Tol)

Type and number of fireworks to be discharged: 10- 1.4 gms 24- 1.3 gms Shells

MINNESOTA STATE LAW REQUIRES THAT THIS DISPLAY BE CONDUCTED UNDER THE DIRECT SUPERVISION OF A PYROTECHNIC OPERATOR CERTIFIED BY THE STATE FIRE MARSHAL.

Name of Supervising Operator: Paul Tol Certificate No.: 1037

Required attachments. The following attachments must be included with this application:

1. Proof of a bond or certificate of insurance in amount of at least \$ _____
(Suggested Amount: \$1.2 million minimum. \$1.5 million minimum beginning July 1, 2009.)
2. A diagram of the ground at which the display will be held. This diagram (drawn to scale or with dimensions included) must show the point at which the fireworks are to be discharged; the location of ground pieces; the location of all buildings, highways, streets, communication lines and other possible overhead obstructions; and the lines behind which the audience will be restrained.
3. Names and ages of all assistants that will be participating in the display.

The discharge of the listed fireworks on the date and at the location shown on this application is hereby approved, subject to the following conditions, if any: _____

I understand and agree to comply with all provisions of this application, MN Statute 624.20 through 624.25, MN State Fire Code, National Fire Protection Association Standard 1123 (2006 edition), applicable federal law(s) and the requirements of the issuing authority, and will ensure that the fireworks are discharged in a manner that will not endanger persons or property or constitute a nuisance.

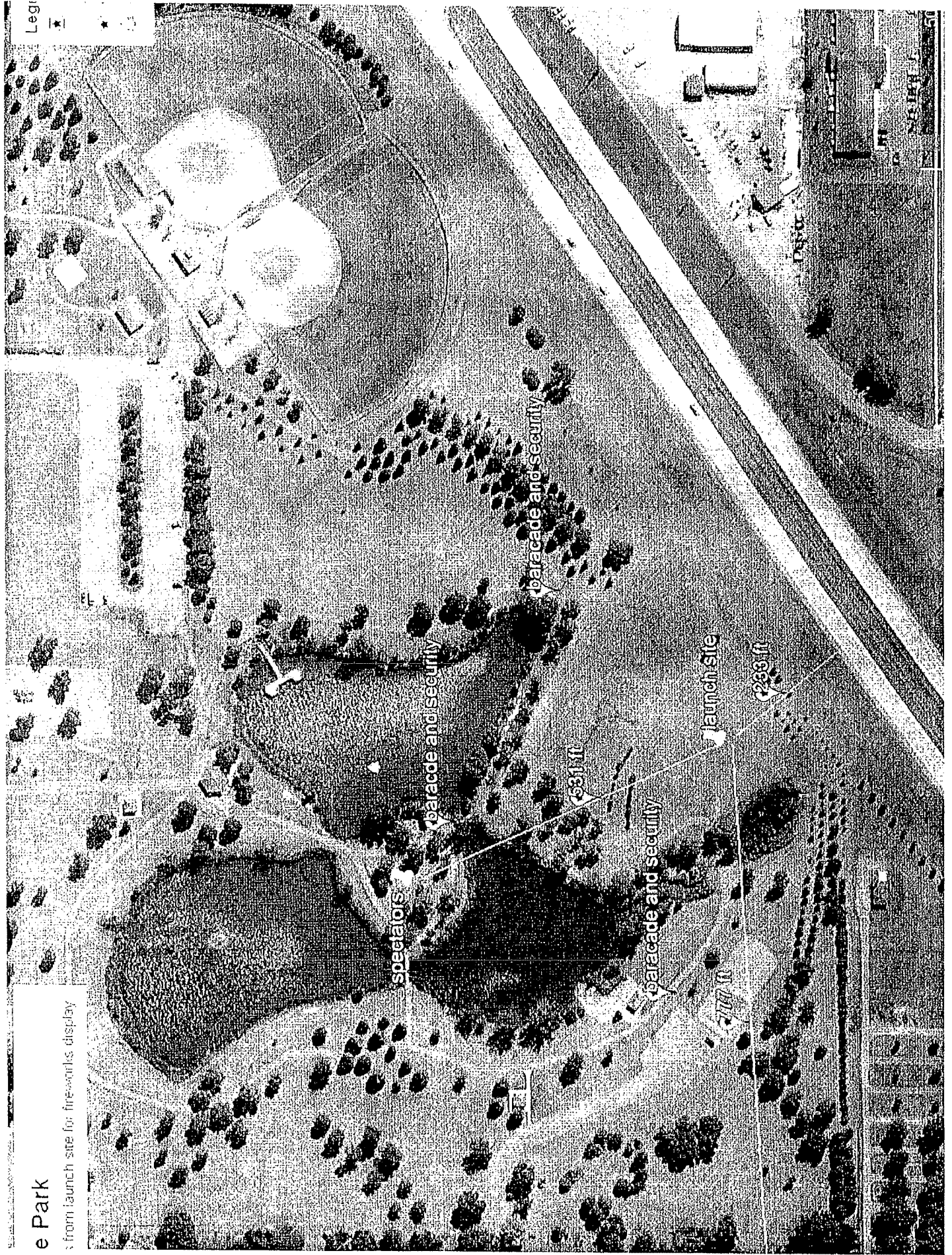
Signature of Applicant (or Agent): [Signature] Date: 9/18/25

Signature of Fire Chief/County Sheriff: [Signature] Date: 9/23/2025

Signature of Issuing Authority: _____ Date: _____

e Park

s from launch site for fire-works display





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/18/2025

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).

PRODUCER
Ryder Rosacker McCue & Huston (MGD by Hull & Company)
509 W Koenig St
Grand Island NE 68801

CONTACT
NAME: Kristy Wolfe
PHONE (A/C, No, Ext): 308-382-2330
E-MAIL: kwolfe@ryderinsurance.com
ADDRESS:

FAX (A/C, No): 308-382-7109

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: SCOTTS DALE INS CO

41297

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Tol LLC
Powerhouse Fireworks; P&J Pyrotechnics
1073 210th Ave
Canby MN 56220

COVERAGES

CERTIFICATE NUMBER: 1524643607

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CPS8181327	4/15/2025	4-15/2026	EACH OCCURRENCE \$ 1,000,000
X	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
	GEN'L AGGREGATE LIMIT APPLIES PER					
X	POLICY PRO-JECT LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
	DED RETENTION S					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUS: OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

Regarding the General Liability coverage. Waiver of Subrogation applies to the entities listed below per attached form CG 24 53 when required by written agreement.

Regarding the General Liability coverage. Primary and Non-Contributory coverage applies to the entities listed below per attached form CG 20 01 when required by written agreement.

Regarding the General Liability coverage. Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.

Additional Insured: City of Marshall

Date: November 28th 2025

CERTIFICATE HOLDER

CANCELLATION

City of Marshall
344 W. Main St.
Marshall MN 56258

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