

# APPLICATION FOR OUTDOOR DISPLAY OF FIREWORKS/PYROTECHNIC SPECIAL EFFECTS

**Applicant instructions:** This application must be completed and returned at least 15 days prior to date of display.

Name of applicant (Sponsoring Organization): City of Marshall, MN

Address of applicant: 344 W. Main Street, Marshall, MN 56258

Name of authorized agent of applicant: J&M Displays, Inc.

Address of agent: 9405 River Road SE, Clear Lake, MN 55319

Telephone number of agent: 320-300-4823

Date of display: July 4<sup>th</sup>, 2025 Time of display: about 10pm

Location of display: Independence Park - please see attached site map

Manner and place of storage of fireworks/pyrotechnic special effects prior to display: \_\_\_\_\_

Delivery and storage in truck on day of display

Type & number of fireworks/pyrotechnic special effects to be discharged: \_\_\_\_\_

1.3G product - up to 5 inch aerial shells and Multi-Shot Box Items

**This display be conducted under the direct supervision of a pyrotechnic operator:**

Name of supervising operator: Arthur C Bickford, Jr MN Certificate #: 00575

**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 \$ 10,000,000.00
2. A diagram of the grounds at which the display will be held. This diagram (drawn to scale or with dimensions included) must show the point at which the fireworks/pyrotechnic special effects 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/pyrotechnic special effects are discharged in a manner that will not endanger persons or property or constitute a nuisance.

Signature of applicant (or agent): [Signature]

Date of application: March 24, 2025

Signature of Fire chief: [Signature]

Date: 5-13-2025

Printed name of above official: Quentin G. Brunsdold

Phone: 507-530-7623

Signature of issuing authority: [Signature]

Date: 5/15/25

Printed name of above official: PRESTON STENSEN

Phone: (507)-401-6841



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2025

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 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> Acisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 216-658-7100 FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS:	
<b>INSURED</b> J & M Displays, Inc. 18064 170th Avenue Yarmouth IA 52660		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Everest Denali Insurance Company	<b>NAIC #</b> 16044
		<b>INSURER B:</b> AXIS Surplus Insurance Company	26620
		<b>INSURER C:</b> James River Insurance Company	12203
		<b>INSURER D:</b> Arch Specialty Ins Co	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1502198815

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	ADD'L SUBR INSD WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		P0000004658	1/15/2025	1/15/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		S18CA00033-251	1/15/2025	1/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		UXP1057616-00	1/15/2025	1/15/2026	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Liability #2		P-001-000063943-07	1/15/2025	1/15/2026	Each Occ Aggregate \$5,000,000 Total Limits \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement or permit.  
FIREWORKS DISPLAY DATE: July 4, 2025

LOCATION OF EVENT: Independence Park, 360 G Street, Marshall, Minnesota  
ADD'L INSURED: The City of Marshall, Minnesota, its employees, volunteers, officers, elected officials, partners, subsidiaries, divisions & affiliates, event sponsors & landowners as their interest may appear in relation to this event

**CERTIFICATE HOLDER****CANCELLATION**

City of Marshall  
344 West Main Street  
Marshall MN 56258  
USA

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



**Marshall, MN - Shoot Site**  
350' Radius - Up to 5" Shells rev. 01/2024

**AUDIENCE**

- Legend**
- Independence Parking Lot
  - Marshall, MN - Shoot Site
  - Reilly Home Team - Keller Williams?
  - Southwest Minnesota Orthopedics & Sports?

**350' Safety Radius**

Up to 5" Aerial Shells, Multi-Shell  
Barrage Units, and Roman  
Candles

Distance to  
Audience: 575'  
Vehicles: 365'  
Buildings: 575'

**NO SPECTATORS, VEHICLES,  
TENTS / INFLATABLES, OR  
UNAUTHORIZED PERSONS  
ALLOWED INSIDE THE YELLOW  
SAFETY CIRCLE**

