



Fire Department
Charter Township of White Lake

Fireworks Display Application

Applicant: Chris Renema Phone: (313) 801-5787

Pyrotechnic Company: Ace Pyro

Display Operator: Eric and/or Julia Russel

Display Location: White lake Proposed Date: 2-4-23 Rain Date 2-11-23

Permit Requirements (include with the application):

- Permit Fee: \$555.00 (Five Hundred and Fifty-Five dollars) payable to White Lake Township.
- Michigan Department of Licensing: Completed application for Fireworks Other Than Consumer Low Impact.
- Michigan Department of Natural Resources: Marine Special Event Application and Permit.
- Alcohol, Tobacco, Firearms and Explosives: Federal Explosives License / Permit (18 U.S.C Chapter 40) 54-User of Explosives.
- Alcohol, Tobacco, Firearms and Explosives: Notice of Clearance for individuals transporting, shipping, receiving, or possessing explosive materials (employees involved in fireworks display operations shall be listed on this license).
- Alcohol, Tobacco, Firearms and Explosives: Responsible Person Letter of Clearance
- Certificate of Insurance: Policy Number 001367790 Effective 11/1/2022 EXPIRATION 11/1/2023
- Display Inventory: Include Mortar size
- Diagram/Site Plan: Of the location at which the display will be conducted. The submitted plan shall include the following information:
 - Site from which the fireworks will be discharged.
 - Dimensions of the discharge site.
 - The location of buildings, highways, overhead obstructions and utilities.
 - Spectator viewing area.
 - Fallout area.
 - Separation distances from mortars to spectators, for land or water displays.
- MSDS-Material Safety Data Sheets.
- Fireworks Display Operator and Crew List: Shall be provided to the Fire Department prior to any scheduled fireworks display. Listed on Display App. A-A
- Written Disposal Instructions: Shall be provided to the Fire Department
- Indemnification Agreement: Shall be signed and returned to the Fire Department

NFPA 1123: The applicant shall be familiar with this document and the International Fire Code, 2015 requirements.

An on-site inspection is required prior to the issuance of the Fireworks Display Permit. Twenty-four-hour notice is required to schedule an inspection.

Application reviewed by: JASON HANIFEN Date: 1/12/2023
Complete / Incomplete

Fire Department

Charter Township
of White Lake



7420 Highland Road, White Lake, MI 48383 Tel 248-698-3335 Fax 248-698-8982

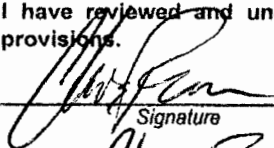
FIREWORKS/PYROTECHNICS DISPLAY INDEMNIFICATION AGREEMENT

The undersigned desires to discharge and display fireworks and pyrotechnics devices within the Charter Township of White Lake (the "Township"), and has submitted an application for a permit to engage in such activity. The undersigned represents that he/she has the actual authority to bind himself/herself and the organization or designee, which will benefit from the permit.

As consideration for the Township issuing a fireworks display permit (the "Permit") to the undersigned or his/her designee, the undersigned agrees, on behalf of himself/herself and the organization listed below, to release and hold harmless the Township and its employees, agents, volunteers, elected officials, and servants, and any persons who, at the request or direction of the Township, participate in organizing or overseeing, or who are otherwise present during, or involved in, the fireworks display, from known and unknown, foreseen and unforeseen, bodily and personal injuries and property damage and/or losses and the consequences thereof, including but not limited to expenses for reasonable legal fees and disbursements and liabilities assumed by the Township, which the undersigned, a designee of the undersigned, or any other individual or entity may sustain in connection with the fireworks display. The undersigned agrees to defend all claims, actions, causes of action, or any other demands asserted against the Township and its employees, agents, volunteers, elected officials, and servants, arising out of or in connection with the fireworks display, and to pay any judgments or settlements awarded, or executed by consent, in connection with such claims. The Township will give the undersigned prompt notice of the making of any claim or the commencement of any action, suit, or other proceeding covered by this agreement. Nothing in this agreement may be deemed to prevent the Township from cooperating with the undersigned and participating in the defense of any litigation by its own counsel at its sole cost and expense.

The undersigned further agrees, on behalf of himself/herself and the organization listed below, to accept all of the rules and requirements established or imposed by the Township for the fireworks display, and to follow any instructions given by the Township's fire and police personnel. The Township has the absolute right to suspend or revoke the Permit if it is determined by the Fire Marshal or a designee that the conduct of the fireworks display operator or other entity is detrimental to the public health, safety, and welfare, in which event any expenses or costs incurred by the undersigned, the organization listed below, or any user or occupant shall be forfeited and the Township shall not be obligated to reimburse any such amounts, pro rata or otherwise.

I have reviewed and understand this entire Indemnification and Hold Harmless Agreement and I agree to its provisions.

 for Ace Pyro LLC on 12/01/2022
Signature Organization Date Year
Chris Renema (313) 801-5787
Representative's Name (Print) Representative's Name
13001 E. Austin Rd Manchester (877) 223-3552
Address MI 48158 Telephone





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/9/2022

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: Janet Nau PHONE (A/C, No, Ext): (877) 455-5640 E-MAIL ADDRESS: jnau@tpgrp.com	FAX (A/C, No): (425) 455-6727													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: James River Insurance Co</td> <td>12203</td> </tr> <tr> <td>INSURER B: Everest Denali Insurance Company</td> <td>16044</td> </tr> <tr> <td>INSURER C: AXIS Surplus Lines Insurance Company</td> <td>26620</td> </tr> <tr> <td>INSURER D: Arch Specialty Insurance Company</td> <td>21199</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: James River Insurance Co	12203	INSURER B: Everest Denali Insurance Company	16044	INSURER C: AXIS Surplus Lines Insurance Company	26620	INSURER D: Arch Specialty Insurance Company	21199	INSURER E:		INSURER F:
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INSURED Ace Pyro, LLC 13001 E. Austin Rd Manchester MI 48158															

COVERAGES **CERTIFICATE NUMBER: 22-23** **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		001367790	11/1/2022	11/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			SI8CA00266221	11/1/2022	11/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			P00100083992002	11/1/2022	11/1/2023	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Excess Liab. - Per Occurrence			UXP104824701	11/1/2022	11/1/2023	Each Occ/Aggregate \$5,000,000
A	Protection & Indem. ~Liab Only			001367790	11/1/2022	11/1/2023	Limit ~\$1,000,000 \$5,000 Ded

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

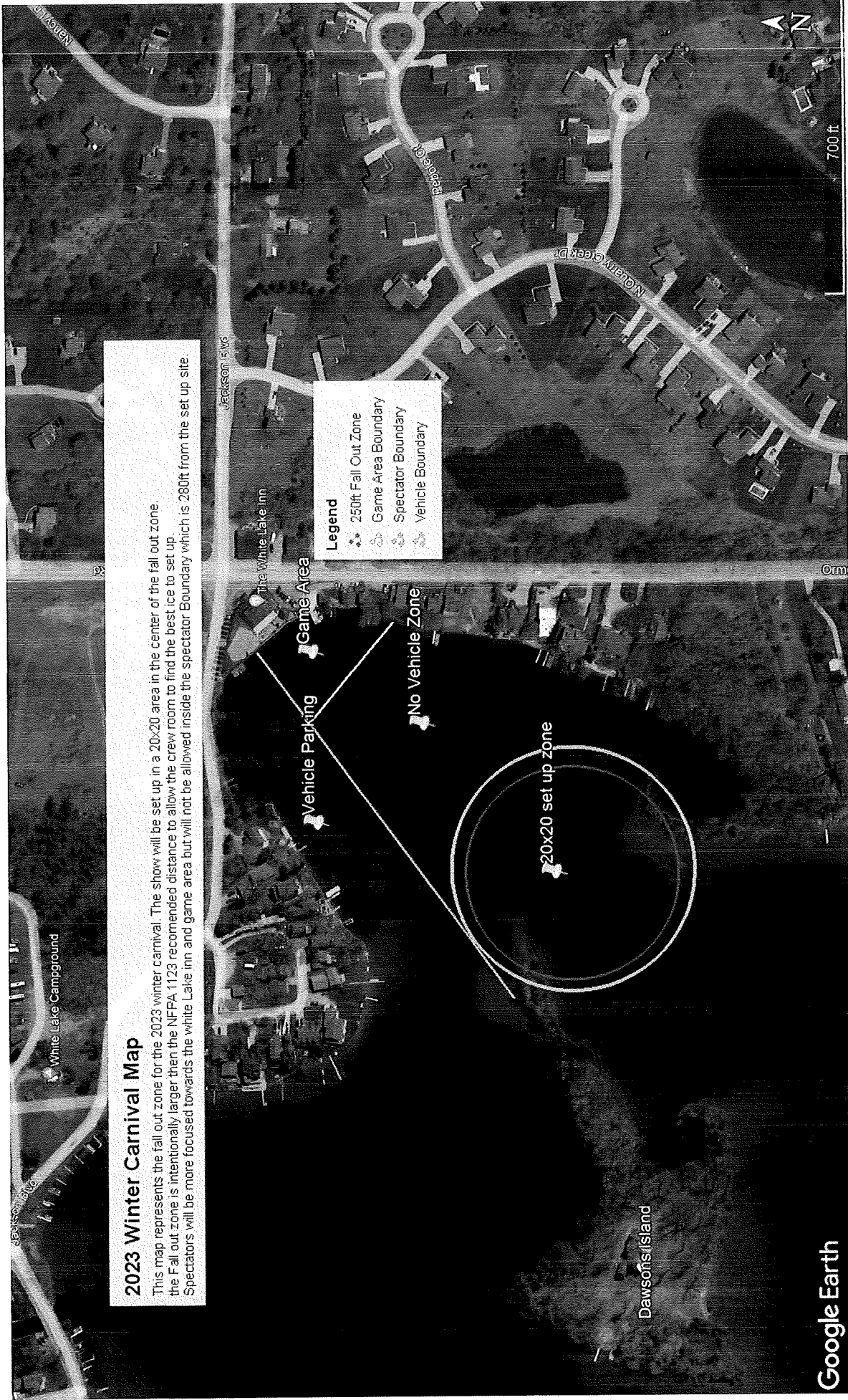
The following are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract: White Lake Citizens League and all of it's members, employees and those associated; White Lake Township and all it's elected and appointed officials, employees and volunteers; Highland Township and all it's elected and appointed officials, employees and volunteers; Beaumont Seven Harbors and all it's elected and appointed officials, employees and volunteers.

CERTIFICATE HOLDER

CANCELLATION

White Lake Citizens League P.O. Box 851 Highland, MI 48356	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 Scott Handler/CCRUE
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2023 Winter Carnival Map

This map represents the fall out zone for the 2023 winter carnival. The show will be set up in a 20x20 area in the center of the fall out zone. The Fall out zone is intentionally larger than the NFPA 1123 recommended distance to allow the crew room to find the best ice to set up. Spectators will be more focused towards the white Lake inn and game area but will not be allowed inside the spectator Boundary which is 280ft from the set up site.

Legend

- 250ft Fall Out Zone
- Game Area Boundary
- Spectator Boundary
- Vehicle Boundary



White Lake Township

7525 Highland Rd.
White Lake, MI 48383

Receipt

Date	Receipt No.
12/09/2022	172377

Received of:
WHITE LAKE CITIZENS LEAGUE INC

**Description: WINTER CARNIVAL
IN ICE NEAR WHITIE LAKE**

Item	Description	Amount
FIRFIREW	FIREWORKS DISPLAY-PERMIT & INSPECT 206-000-607.000 FIREWORKS DISPL 555.00	555.00
TOTAL		555.00

Check No.	Payment Method	Amount
1162	CHECK	555.00

RECEIVED
DEC 09 2022
WHITE LAKE TOWNSHIP
CLERK'S OFFICE