

**Fireworks, Pyrotechnics or Flame Effects Application  
Iowa State University**

**Applicant Information**

Name of Event: \_\_\_\_\_  
Name of Organization Sponsoring Event: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Event Information**

Event Location: \_\_\_\_\_ Estimated attendance: \_\_\_\_\_  
Event Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. Alternate Date (rain date) for event: \_\_\_\_\_  
Organization's on-site manager or contact for day of Display: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Firework Display Information: Attach a copy of the Display Operator credentials and applicable U.S. DOT requirement information for transportation with this application**

Display Operator (company name): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work-week Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Operator Name for day of Display: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Other Contact for day of Display: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of Fireworks: \_\_\_\_\_ **Attach Display Program**  
Length of Display: \_\_\_\_\_  
Fireworks Supplier: \_\_\_\_\_  
Exact Location of Display: \_\_\_\_\_ **Attach Diagram of Display/Shoot Location**

The display operator, EH&S and ISU Police will monitor weather conditions prior to and during the display event. EH&S, ISU Police or the Ames Fire Department have the authority to cancel or postpone any display if they determine there is not strict adherence to the approved application; or there is lightning, wind gusts or inclement weather that will cause risks to the crowd or surrounding property.

Date	Sponsoring Organization Representative Signature
Date	Display Operator Representative Signature

**Insurance Requirements:**

Insurance coverage and certificate requirements are on the back of this form. Please provide the fireworks display operator with the information on the back of this form so it can be shared with his/her insurance agent to facilitate issuance of an acceptable certificate of insurance. Mail the certificate of insurance to the Office of Risk Management at the address below.

**Student Organizations Only:**

Submit [Event Notification and Authorization](#) form with other event documents (including display application) at least 6 weeks prior to the event.

**APPROVAL SIGNATURES:**

Date	Environmental Health and Safety
Date	ISU Police
Date	City of Ames Fire Inspector
Date	Office of Risk Management

**Submittal Instructions on Page 2**

## **DISPLAY OPERATOR INFORMATION:**

The fireworks display company must carry fireworks display liability insurance with a company acceptable to Iowa State University. In accordance with the policies and procedures of Iowa State University, all event sponsors and participants must be adequately insured. An original Certificate of Insurance must be submitted at least five (5) days prior to the event. Please share the following insurance requirements with your insurance agent to facilitate issuance of the certificate of insurance:

1. The company must be at least A rated by Best's.
  - The insurance companies providing coverage must be of an acceptable financial rating as determined by Iowa State University Office of Risk Management.
  - We may make an exception, but ISU retains the right to require the A rating. We will not accept unrated companies.
2. State of Iowa; Board of Regents, State of Iowa; and Iowa State University must be named as additional insureds.
  - We must be shown on the certificate as an additional insured for liability coverage.
3. We require occurrence coverage.
  - The certificates should be marked "occurrence." If there is no box marked "occurrence," we require the notation "occurrence form" in the Special Conditions box.
4. The certificate must be complete.
  - Certificates without limits, insurance company, or coverage indicated are not acceptable.
5. Limit Requirements:
  - General Liability:  
The policy must provide the following coverage and limits as a minimum: \$1,000,000 combined single limit per occurrence for bodily injury including death, personal injury and property damage.
  - Automobile Liability:  
The policy must provide the following limit for Automobile Liability: \$1,000,000 combined single limit each accident.
  - Worker's Compensation and Employer's Liability:  
The policy must provide for the Statutory Limits of \$100,000/\$500,000/\$100,000. Also required under Worker's Compensation is a Waiver of Subrogation in favor of Iowa State University/State Board of Regents.
  - Excess Liability:  
The policy must provide \$5,000,000 for Excess Liability coverage.
6. The policy shall provide for thirty (30) days notice to Iowa State University in the event of any modification, cancellation, or termination.
7. Insurance policy term must be for the duration/term of contract or specific to the event date(s).  
The term of coverage shall coincide with the dates of the agreement. The certificates shall provide 30 days notice of cancellation or material change of coverage to the certificate holders.

### **Certificate of Insurance**

Mail or fax the certificate to:

Office of Risk Management, Iowa State University  
3618 Administrative Services Bldg., Ames, Iowa 50011  
Fax #: (515) 294-3105

For questions or concerns contact: Deb Keys, Insurance Coordinator, at (515) 294-7711

### **Application Submittal**

Mail the completed application with attachments, including the certificate of insurance, and check made payable to Iowa State University, Office of Risk Management for \$100 at least 6 weeks prior to the event to:

**Office of Risk Management, Iowa State University, 3618 Administrative Services Building, Ames, Iowa 50011**  
**For questions, please contact the Office of Risk Management Phone: (515) 294-7711 Fax: (515) 294-3105**