Fireworks, Pyrotechnics or Flame Effects Application
Iowa State University of Science and Technology

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: _____

NOTE: Electronic firing ONLY

Type of Fireworks: _____ **Attach Display Program**

Length of Display: _____

Fireworks Supplier: _____

Exact Location of Display: _____ **Attach Diagram of Display/Shoot Location**

Insurance Requirements: Insurance coverage and certificate requirements are on page 2 of this form.

Student Organizations Only: Submit an Event Authorization request with other event documents (including this application) at least 6 weeks prior to the event.

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

I have read and agree to the responsibilities stated in the ISU Fireworks, Pyrotechnics and Flame Effects Procedures and also agree that I will meet all insurance requirements listed on this application and that this insurance will be primary.

_____ _____

Date Display Operator Representative Signature

APPROVAL SIGNATURES:

_____ _____

Date Environmental Health and Safety

_____ _____

Date ISU Police

_____ _____

Date City of Ames Fire Inspector

_____ _____

Date 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 with the Fireworks Application at least six (6) weeks 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 Class VII rated by A. M. Best Company.**

   The insurance companies providing coverage must be of an acceptable financial rating as determined by Iowa State University Office of Risk Management.

   Exceptions are possible; however, ISU retains the right to require the A rating. Unrated companies are not accepted.

2. **State of Iowa; Board of Regents, State of Iowa; and Iowa State University must be named as additional insureds.**

   All legal entities referenced above must be individually listed on the certificate as an additional insured for liability coverage.

   Additional insured status shall be on a primary and non-contributory basis.

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' written 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).**

Certificate of Insurance

Mail the certificate to:
Risk Management, Iowa State University
2017 Communications, Ames, Iowa 50011
For questions or concerns contact:
riskmanagement@iastate.edu or by phone at (515) 294-7711

Application Submittal

The application must include the following attachments:

- ❑ Certificate of insurance for the Display Operator with appropriate limits and named insureds
- ❑ Copy of the Display Operator's license
- ❑ Diagram of the display location from the Display Operator
- ❑ Effects list/schedule from the Display Operator (must indicate electronic firing will be used for ignition)
- ❑ $100.00 application processing fee (check made payable to Iowa State University)

Mail the completed application with attachments at least six (6) weeks prior to the event to:

Risk Management
Iowa State University
2017 Communications, Ames, Iowa 50011

For questions, please contact Risk Management
riskmanagement@iastate.edu
Phone: (515) 294-7711