

CITY OF BATAVIA

TO: Jeffery D. Schielke, Mayor

FROM: Randy Deicke, Fire Chief

DATE: May 31, 2018

RE: July 4th Fireworks Display

Please have the City Council authorize a Firework Permit for the Batavia Fireworks Committee in care of Mark Davis at the June 4, 2018 City Council Meeting. A copy of the application for Permit is attached.

For any further information, questions, etc., please do not hesitate to contact me.

RD/cjc

cc: City Council
Laura Newman, City Administrator

Attachment

**APPLICANT FOR PERMIT FOR
SUPERVISED PUBLIC DISPLAY OF FIREWORKS ***

We hereby make application for a permit to conduct a public display of fireworks on the

4 day of JULY, 2018. Said display to be at

MILLVIEW & MAIN ST BATAVIA, IL
(City / Village / Unincorporated Area)

Firm providing fireworks: MELROSE PYROTECHNICS

1 KINGSBURY DR KINGSBURY, IN
(Address)

**Bond: Amount \$ _____ (\$1,000 or more)

Cash _____ Personal _____ Bonding Company _____ (Check One)

Has liability insurance been obtained? YES X NO _____

All accidents must be reported to the Office of the State Fire Marshal within thirty-six (36) hours of occurrence.

Signature of Applicants:

 Age: 61

Age: _____

Age: _____

* Application is to be submitted to appropriate local authority (City Councils in cities; the President and Board of Trustees in villages and incorporated towns; the Board of County Commissioners in counties not under township organization; or such person or officer duly designated by the appropriate local authority to receive such applications and issue such permits).

** The form and amount of bond is to be determined by the local authority, as long as it is not less in amount than \$1,000.00 and conditioned upon compliance with the Fireworks Regulation Act and the Rules of the State Fire Marshal. It can be a personal bond without sureties.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/9/2018

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).

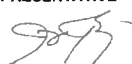
PRODUCER Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C, No, Ext): 216-658-7100 E-MAIL ADDRESS:	FAX (A/C, No): 216-658-7101													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Everest National Insurance Company</td> <td>10120</td> </tr> <tr> <td>INSURER B : LM Ins Corp</td> <td></td> </tr> <tr> <td>INSURER C : Everest Indemnity Insurance Co.</td> <td>10851</td> </tr> <tr> <td>INSURER D : Maxum Indemnity Company</td> <td>26743</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 : Everest National Insurance Company	10120	INSURER B : LM Ins Corp		INSURER C : Everest Indemnity Insurance Co.	10851	INSURER D : Maxum Indemnity Company	26743	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Everest National Insurance Company	10120														
INSURER B : LM Ins Corp															
INSURER C : Everest Indemnity Insurance Co.	10851														
INSURER D : Maxum Indemnity Company	26743														
INSURER E :															
INSURER F :															
INSURED Melrose Pyrotechnics, Inc. Kingsbury Industrial Parkway Heinold Complex Kingsbury IN 46345															

COVERAGES **CERTIFICATE NUMBER: 323663232** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			SI8ML00042-181	1/15/2018	1/15/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	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			SI8CA00025-181	1/15/2018	1/15/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			EXC6017975	1/15/2018	1/15/2019	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC734S381029 (IL)	4/4/2018	4/4/2019	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER USL&H Included E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
DISPLAY DATE: July 4, 2018
LOCATION: Batavia, Illinois
ADDITIONAL INSURED: Moose International; Mooseheart, Illinois; City of Batavia; Batavia Park District; Batavia Public Schools District #101; Batavia Covenant Church; Batavia Fire Department; Batavia Access Committee; Batavia Police Department

CERTIFICATE HOLDER Batavia Access Committee Batavia Chamber of Commerce 106 West Wilson St. Batavia IL 60510	CANCELLATION 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 
---	--