Portland Fire Department

Permit for Outdoor Pyrotechnic Display

8/1/15 (rain date tbd)	end of game, approx 9:00 pm	Hadlock Field
Date of Display	Time(s)	Location of Display
Pauline McNeil	2776	415-2026
Licensed Technician	Maine License Number	Technician Phone Number
Assistant Shooter	Maine License Number	Technician Phone Number
Portland Sea Dogs		415-2026
Sponsor		Sponsor Phone Number
National Fire & Marine Ins Co	2,000,000	1209547647
Insurance Carrier	Limits	Certificate Number
Jim Heffley		874-9300
Facility Contact Person		Contact Phone Number
Signature		Date

This permit is valid only for the date and location listed, and must be accompanied with a permit from the Maine State Fire Marshal's Office. Pyrotechnics must comply with NFPA 1, *Uniform Fire Code* and NFPA 1126, *Standard for the Use of Pyrotechnics before a Proximate Audience*. Non-compliance will constitute grounds for immediate revocation of this permit. This permit is not valid with out an approved signature.

Office Use Only

8/4/1		7/13/15
Fee Paid	**Signature**	**Date**

Portland Fire Department Fire Prevention Bureau 380 Congress St. Portland, ME 04101 p. (207)874-8400 f. (207)874-8410

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/25/2015

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	CONTACT NAME: Kristy Wolfe
Ryder Rosacker McCue & Huston (MGD by Hull & Compa 509 W Koenig St Grand Island NE 68802	PHONE (A/C, No, Ext): 308-382-2330 FAX (A/C, No): 308-382-7109 E-MAIL ADDRESS: ttowne@ryderinsurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : NATIONAL FIRE & MARINE INS CO — 20079
INSURED PDK Pyro, Inc. PO Box 464 Yarmouth ME 04096	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1209547647 **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	
A	GENERAL LIABILITY			72LPS021594	11/23/2014	11/23/2015	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$Incl in Gen Agg
	[X] POLICY [ ] PRO-JECT [ ] LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS [ ] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

Blanket Additional Insured applies to the entities listed below per attached form M-5350a when required by written agreement.
S.D. Show Dates: 5/22/15, 6/18/15, 7/3/15, 7/15/15, 8/1/15, 8/26/15
Portland Sea Dogs, 271 Park Ave., Portland, ME 04102; Town of Portland
Location: Hadlock Field, Park Ave., Portland, ME
Rain Date: TBD

CERTIFICATE HOLDER

Maine State Fire Marshal's Office
Licensing & Inspection Division
52 State House Station
Augusta ME 04333-0164

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

Jodie Faulkner

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