

Portland Fire Department

Permit for Outdoor Pyrotechnic Display

<u>8/26/15 (rain date tbd)</u>	<u>end of game, approx 9:00 pm</u>	<u>Hadlock Field</u>
Date of Display	Time(s)	Location of Display
<u>Pauline McNeil</u>	<u>2776</u>	<u>415-2026</u>
Licensed Technician	Maine License Number	Technician Phone Number
<u>Assistant Shooter</u>	<u>Maine License Number</u>	<u>Technician Phone Number</u>
<u>Portland Sea Dogs</u>		<u>415-2026</u>
Sponsor		<u>Sponsor Phone Number</u>
<u>National Fire & Marine Ins Co</u>	<u>2,000,000</u>	<u>1209547647</u>
Insurance Carrier	Limits	<u>Certificate Number</u>
<u>Jim Heffley</u>		<u>874-9300</u>
<u>Facility Contact Person</u>		<u>Contact Phone Number</u>
<u>Signature</u>		<u>Date</u>

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.

\$141
Fee Paid

Office Use Only
Donal P. Bell
Signature

7/13/15
Date



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 Ryder Rosacker McCue & Huston (MGD by Hull & Compa 509 W Koenig St Grand Island NE 68802	CONTACT NAME: Kristy Wolfe	FAX (A/C, No.): 308-382-7109	
	PHONE (A/C, No, Ext): 308-382-2330	E-MAIL ADDRESS: ktowne@ryderinsurance.com	
INSURED PDK Pyro, Inc. PO Box 464 Yarmouth ME 04096	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: NATIONAL FIRE & MARINE INS CO		20079
	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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			72LPS021594	11/23/2014	11/23/2015	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 \$2,000,000 PRODUCTS - COMP/OP AGG \$Incl in Gen Agg \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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 <i>Jodi Faulkner</i>