## **AGENDA RESERVATION REQUEST**

## CITY OF FRANKLIN BOARD OF PUBLIC WORKS AND SAFETY

Please type or print

**Date Submitted:** 05.12.2025 **Meeting Date:** 05.19.2025

**Contact Information:** 

Requested by: Chief Joshua Snyder

On Behalf of Organization or Individual: Fire Department

**Telephone:** 317.736.3650

Email address: jsnyder@franklin.in.gov

Mailing Address: | 1800 Thornburg Lane, Franklin, IN 46131

**Describe Request:** 

Fireworks for Firecracker Festival on 07.03.2025

**List Supporting Documentation Provided:** 

Who will present the request?

Name: Chief Joshua Snyder Telephone: 317.736.3650

The Franklin Board of Works meets on the 1st and 3rd Monday of each month at 5:15 p.m. in the Council Chambers of City Hall located at 70 E. Monroe Street. In order for an individual and/or agency to be considered for new business on the agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 12:00 p.m. on the Wednesday prior to the Board of Works meeting.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/27/2025

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(les) 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 Acrisure Great Lakes Partners II 223 West Grand River Ave #1	nsurance Services	CONTACT NAME: PHONE (A/C, No. Ext): 216-658-7100	FAX (A/C, No): 216-658-7101			
Howell Mi 48843		ADDRESS: info@brittongallagher.com				
		INSURER(5) AFFORDING COVERAGE	NAIC#			
		INSURER A: Everest Denali Insurance Company	16044			
INSURED	2	INSURER B : Arch Specialty Insurance Company	21199			
Pyrotecnico Fireworks Inc. P.O. Box 149		INSURER c : Pennsylvania Insurance Company	21962			
299 Wilson Road		INSURER D: James River Insurance Company	12203			
New Castle PA 16103		INSURER E : AXIS Surplus Insurance Company	26620			
		INSURER F :				
COVEDACED	OFFICIOATE NUMBER, 4004400077	DEVICION NUI	ADED.			

COVERAGES CERTIFICATE NUMBER: 1304432977 REVISION NUMBER

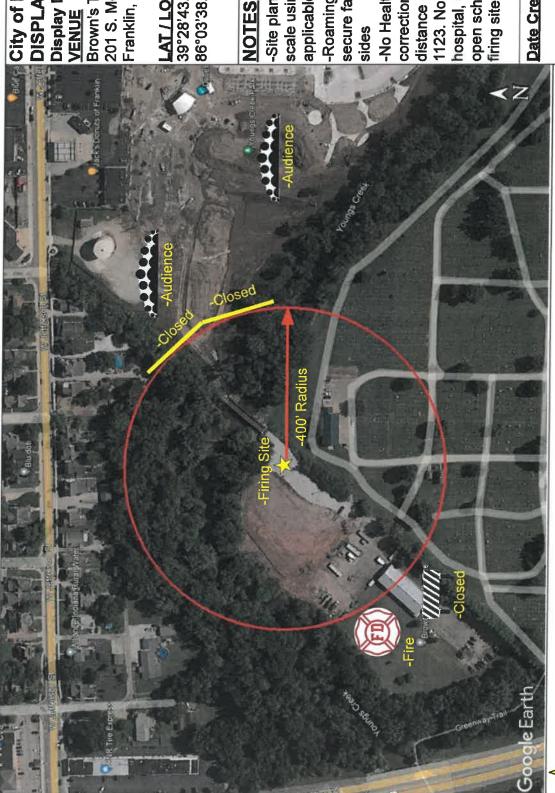
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

NSR LTR	ISR TR TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
D	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		Y	P0000003353	11/14/2024	10/14/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 50,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY X PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY	Υ	Υ	GCD0010018-241	11/14/2024	10/14/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	UMBRELLA LIAB X OCCUR	Y	Υ	UXP1035252-05	11/14/2024	10/14/2025	EACH OCCURRENCE	\$4,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 4,000,000
	DED RETENTION \$							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Υ	82-872096-04-36(5 STATES)	10/14/2024	10/14/2025	X WC STATU- TORY LIMITS ER	
- 1	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory In NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	Excess Liability #2	Y	Υ	P-001-001451057-01	11/14/2024	10/14/2025	Each Occ/ Aggregate Total Limits	\$5,000,000 \$10,000,000

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 policies where required by written agreement. Fireworks Display Date: July 3, 2025 Location: Brown's Tree Service, 201 S Morton Street, Franklin, IN 46131

Additional Insured: City of Franklin, IN; Franklin Parks and Recreation Department

CERTIFICATE HOLDER	CANCELLATION
City of Franklin, IN	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
396 Branigan Blvd. Franklin IN 46131	AUTHORIZED REPRESENTATIVE



**DISPLAY SITE PLAN** City of Franklin, IN

Display Date: 09/30/2023
VENUE
Brown's Tree Service
201 S. Morton St. Franklin, In 46131

**LAT / LONG** 39°28'43.26" N 86°03'38.96" W

scale using NFPA 1123, as -Site plan drawn to appox. applicable.

secure fallout zone on all four -Roaming Personnel to sides

hospital, license childcare, or open school is within 800' of -No Healthcare, detention or correctional facilities within distance required by NFPA 1123. No asylum, church, firing site.

**Date Created:** 9/12/2022

-Audience

-Firing Site

-400' Radius

-Safety Fallout Zone

4" Maximum Device Per Pyrotecnico 400' Per Inch Policy

