

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/4/2012

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

PROD	tificate holder in lieu of such endor JCER			CONTA NAME:	CT		****		
Britton-Gallagher and Associates, Inc. 6240 SOM Center Rd.					PHONE (A/C, No, Ext):440-248-4711  FAX (A/C, No):440-544-1234  E-MAIL ADDRESS;				
Cleve	eland OH 44139			NODICE		SURER(S) AFFOI	RDING COVERAGE		NAIC#
				INSURE			-		19437
INSUR	EO			INSURER A: Lexington Ins Co INSURER B: Granite State Insurance Co.				23809	
7aml	oelli Fireworks Mfg. Co.			INSURER C:					
POB	ox 1463			INSURER D:					
New	Castle PA 16103-1463			INSURER E :					
				INSURE					
COV	ERAGES CER	TIFICAT	TE NUMBER: 138606451						
IND CEI EXC	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RERIFICATE MAY BE ISSUED OR MAY DUSIONS AND CONDITIONS OF SUCH	OF INSU EQUIREM PERTAIN POLICIES	JRANCE LISTED BELOW HA ENT, TERM OR CONDITION , THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	VE BEE OF AN OED BY	Y CONTRACT THE POLICIE REDUCED BY	FOR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSR WV	D POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	'S	
Α (	GENERAL LIABILITY		1619391-04		2/1/2012	2/1/2013	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000	
×	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$50,00	0
Ĺ	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$1,000	
							GENERAL AGGREGATE	\$2,000	
_	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG		,000
	POLICY X PRO- JECT LOC	ļ <u>                                    </u>			01/100/0	2/4/2040	COMBINED SINGLE LIMIT	\$	
B	AUTOMOBILE LIABILITY		CA93488084		2/1/2012	2/1/2013	(Ea accident)	\$1,000	,000
×	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)	\$	
-	AUTOS AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
×	HIRED AUTOS X AUTOS						(Per accident)	\$	,
			045074007		2/1/2012	2/1/2013			000
^ <u> X</u>	∃ ⊟ °°°°°``		015374897	ĺ	2/1/2012	211/2013	EACH OCCURRENCE	\$9,000	
$\vdash$	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$9,000. \$	,000
	DED X RETENTION \$10,000 VORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
1	AND EMPLOYERS' LIABILITY Y/N						E.L. EACH ACCIDENT	\$	***
	NY PROPRIETOR/PARTNER/EXECUTIVE DEFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE		*
ĺ	Mandatory In NH)  yes, describe under						E.L. DISEASE - POLICY LIMIT		
	ÉSCRIPTION OF OPERATIONS below					-	E.C. DISEASE - POLICY LIMIT		
	IPTION OF OPERATIONS / LOCATIONS / VEHIC			Schedule	, if more space is	s required)			
Locati Bunco	ny Date: July 4, 2012 Rain Date: on: Lake Julian Park, Long Shoal: on: Lake Julian Park, Long Shoal: ombe County Parks, Greenways a st ay appear are named as additio	s Road, nd Recr	Arden, NC eation Services: Buncon	nbe Co listed d	unty Goveri isplay	nment; Lake	Julian Park; Progress	Energ	y as their
Buncombe County Parks, Greenways & Recreation Services 59 Woodfin Place					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				
Suite 100					4				

Asheville NC 28801

Hand States

# Zambelli Fireworks Mfg. Co.

PO Box 1463 New Castle, PA 16103 www.zambellifireworks.com

724-658-6611

(Fax) 724-658-8318

## **Communication Sheet**

Communications Sheet must be completed in its entirety each year. Our insurance carrier requires a newly completed form each year. A Zambelli representative will use this sheet to contact you.

	<b>Customer Information</b>		Show Information		
Customer Name	Lake Julian Park	Show Date	7/4/2012		
Address	59 Woodfin Place	Rain Date	7/5/2012		
City, State, Zip	Asheville, NC 28801	Time of Show	Dusk – Approximately 9:30-is		
		Duration of Show			
	Firing Site Location		Storage Site Location		
Description	Lake Julian Park	Description	Same as firing location		
Site contact Name David Blynt		Site Contact Name	Zambelli Tech to unload fireworks at firing		
Phone Number	828-684-0376	Phone Number	site. Park Rangers will patrol the area but		
Address	75 Long Shoals Road	Address	do not stay in firing site area. Zambelli		
City, State, Zip	Arden, NC 28704	City, State, Zip	tech must stay with fireworks until show time		
	Contact Person		Alternate Contact #1		
Name	David Blynt, Park Manager	Name	Brett Pike, Park Ranger		
Address	75 Long Shoals Road	Address	same		
City, State, Zip	Arden, NC 28704	City, State, Zip	same		
Home Phone Number	828-654-0652	Home Phone Number	828-683-6364		
Fax Number 828-684-0376		Fax Number	828-684-0376		
Office Number	828-684-0376	Office Number	828-684-0376		
Cell Number	828-775-5472	Cell Number	_		
E-Mail	david.blynt @buncombecounty.org	E-Mail	-		
	Alternate Contact #2		Day of Show Contact		
Name	Greg Mace, Park Ranger	Name	David Blynt, Park Manager		
Address	same	Address	Same as above		
City, State, Zip		City, State, Zip			
Home Phone Number	828-658-2151	Home Phone Number			
Fax Number	828-684-0376	Fax Number			
Office Number	828-684-0376	Office Number			
Cell Number	-	Cell Number			
E-Mail	₩	E-Mail			

Suggested Routing from New Castle:

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724-658-6611

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#### REQUIRED DIAGRAM AND FIRING SITE INFORMATION

Our goal is to provide you with the BEST possible display for your event dollar, under the safest conditions.

It is a requirement of our Insurance Carrier and the authority having jurisdiction that a SCALE firing site diagram or aerial photograph be provided showing accurate distances in **ALL DIRECTIONS** to buildings, spectators, parking and bulk storage facilities, as well as roadways and highways that will remain open during the fireworks presentation. The scale firing site diagram or aerial photograph must clearly indicate the safety zone lines and limits that have been established for this program. An approved SCALE firing site diagram could be kept on file for future reference! Insurance Certificates will not be processed unless an approved firing site diagram or aerial photograph has been submitted.

Please use the following checklist to assist you in submitting your map/diagram. If an item is not applicable to your situation, please insert N/A.

Distances (in feet) from the firing site to the following:

1)	1) Spectators/Audience/Viewing Area		
	2) Parking Areas	1200 ft.	
	3) Occupied Buildings	900 ft.	
4) Public	e Buildings: (Schools, Churches, Hospitals, Correctional Facilities, etc.)	Approx. ½ mi.	
	Pumps/Storage, Explosive/Toxic Material Storage Gasoline Stations, Refineries, etc.)	N/A	
6) Tempo	rary Event Set-ups: (Tents, Carnival Rides, Concession Stands, etc.)	N/A	
	Approx. ¼ m.		
8) Overh	N/A		
ansie Hall	9) Active Railroads	1200 ft.	
Signature	3/22/2012	Accounting Technician III Title	
	Date		