SKYWORKS
PYRO

Skyworks Pyro
195 Rodgers Ridge Rd
Newland, NC 28657
Ph. 828-260-2619
events@skyworkspyro.com

Date: 3/3/2024

Attention: Caldwell County Fire Marshal's Office

Re: application for fireworks permit

Please find the attached documents listed below in support of our request for a permit for an outdoor fireworks display.

- Application
- Shot list
- Certificate of insurance
- Site display
- Copy of operator license

Date/time of show: Saturday, 05/11/2024, time TBD
Sponsor & location: Town of Sawmills, 4077 Baird Dr, Hudson, NC 28638
Ignition system: Hand fired
Size of product: 1.3g

Please let me know if further information is needed.

Thank you,
Eric Wright

Eric Wright, President
Skyworks Pyro

Caldwell County Fire Marshal's Office

Phone (828)757-1277 | Ricky K. Brown, Fire Marshal | Fax (828)757-1182
2345 Morganton Blvd.
PO Box 2200
Lenoir NC, 28645

APPLICATION FOR FIREWORKS DISPLAY PERMIT

- Name: Town of Sawmills (individual, group or organizational sponsor)
- Address: 4076 US Hwy 321-A Sawmills, NC 28630
- Location of Display: 4077 Baird Dr. Hudson, NC 28638 (Street Address)
- Name, Address and Phone number of fireworks display operator: [redacted]
- Date and Time of Fireworks Display: 5/11/2024 9:00 pm
- Proposed Rain/Wind date if event is postponed: N/A
- Provide a copy of approval for the fireworks display from the Caldwell County Commissioners or from the Municipality if authority has been transferred by the Board of Commissioners.
- Provide the qualifications of the operator which demonstrate experience with use of fireworks and knowledge of all safety precautions related to the storage, handling or use of fireworks. Operators **must have a Permit from the Office of State Fire Marshal** and provide a copy of permits of all personnel involved in the display to this office or provide documentation as required for assistants on site.
- Provide Evidence of Financial Responsibility by the sponsor of the event or the operator of the fireworks display. (Insurance Certificate) **Caldwell County is to be included in the Certificate Holder section.**
- Provide a "Procedure Plan for Failures" which establishes procedures to follow and actions to be taken in the event that a shell fails to ignite or other malfunctions.
- Provide a diagram (including distances) of the grounds on which the outdoor fireworks display is to be held showing the point at which the fireworks are to be discharged, the location of all buildings, highways and other lines of communication, the lines behind which the audience is to be restrained, and the location of other possible overhead obstructions.
- Provide information regarding the number and types of fireworks which will be discharged.
- Provide information regarding the manner and place of storage of such fireworks prior to delivery to the outdoor fireworks display site.

By signing this document, the applicant agrees that the operation of this outdoor fireworks display will conform to the terms of NFPA 1123 or NFPA 1126, and the General Statutes of North Carolina.

Eric Wright — (Signature of Applicant)

3-3-2024 — (Date)

rbrown@caldwellcountync.org

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Shot List

Display Date: 05/11/2024

Show Sponsor: Town of Sawmills

Location of Show:
4077 Baird Dr.
Hudson, NC 28638

Shots to be fired:

Number of shots	Description
198	2.5" Shells
272	3" Shells
124	4" Shells
18	5" Shells

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/19/2024

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 & Company)
509 W Koenig St
Grand Island NE 68801

CONTACT NAME: Kristy Wolfe
PHONE (A/C, No, Ext): 308-382-2330 **FAX (A/C, No):** 308-382-7109
E-MAIL ADDRESS: kwolfe@ryderinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : SCOTTSDALE INS CO	41297
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
JECO Pyrotechnics Inc
195 Rogers Ridge Rd
Newland NC 28657

COVERAGES **CERTIFICATE NUMBER:** 1793442556 **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** [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC			CPS4054488	10/25/2023	10/25/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ $ $ $ $
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE [ ]	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER 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)
Regarding the General Liability coverage, Waiver of Subrogation applies to the entities listed below per attached form CG 24 04 when required by written agreement.
Regarding the General Liability coverage, Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.
Additional Insured: Town of Sawmills; Caldwell County, NC
Location of show: 4077 Baird Drive, Hudson NC, 28638
dates of display: 05/11/2024 & 10/19/2024

CERTIFICATE HOLDER

Town of Sawmills
4076 US Highway 321-A
Sawmills NC 28630

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

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Town of Sawmills 4077 Baird Dr Hudson NC 28638



Display Site

Discharge Site

Outdoor Pyrotechnics Display

OPERATORS LICENSE

APR



2025

Laura Wright

License # 3962