

COUNCIL ACTION FORM

SUBJECT: FIREWORKS PERMIT FOR INDEPENDENCE DAY FIREWORKS DISPLAY

BACKGROUND:

The Ames Convention and Visitors Bureau (ACVB) is organizing the annual Independence Day Fireworks Display, which will take place on July 3, 2021. The fireworks will be launched from ISU Parking Lot G7, east of Jack Trice Stadium. Community members can view the display from adjacent stadium parking lots. The display is anticipated to begin between 9:30 and 10:00 p.m. and will be between 15 and 20 minutes in length. A rain date has been requested for July 5.

The display operator is J&M Displays, which has substantial experience launching the Ames Independence Day fireworks display. The display operator and ACVB have filed a Fireworks Permit application (attached), which has received approval signatures from representatives of ISU Environmental Health and Safety, ISU Police, ISU Risk Management, and the Ames Fire Inspector. A certificate of liability insurance is on file with the City Clerk's Office.

ALTERNATIVES:

1. Approve the Fireworks Permit for the Independence Day Fireworks Display on July 3, with a rain date of July 5.
2. Do not approve the Fireworks Permit.

CITY MANAGER'S RECOMMENDED ACTION:

The Independence Day Fireworks Display is a popular community event. This year marks the return of the fireworks display after the cancellation of the 2020 display due to the COVID-19 pandemic. City staff has consulted with ACVB and ISU officials regarding the planning for the display, and all appropriate application materials and approvals have been obtained.

Therefore, it is the recommendation of the City Manager that the City Council adopt Alternative No. 1 as described above.

ISU Fireworks Permit Application

Fireworks, Pyrotechnics or Flame Effects Application
Iowa State University of Science and Technology

Applicant Information

Name of Event: City of Ames Independence Day Celebration Fireworks
 Name of Organization Sponsoring Event: Ames Convention & Visitors Bureau
 Address of Organization: 1601 Golden Aspen Driver # 110, Ames, IA 50010
 Name of Applicant: Kevin Bourke
 Phone: 515.460.8870 Fax: _____ E-Mail: kevinb@amescvb.com

Event Information

Event Location: ISU Parking Lot G7 East of Jack Trice Stadium Estimated attendance: 10,000
 Event Date: 7/3/2021 Time: 10:00 a.m. p.m. Alternate Date (rain date) for event: 7/5/2021
 Organization's on-site manager or contact for day of Display: Kevin Bourke
 Phone: 515.460.8870 Fax: _____ E-Mail: kevinb@amescvb.com

Firework Display Information: Attach a copy of the Display Operator credentials and applicable U.S. DOT requirement information for transportation with this application

Display Operator (company name): J & M Displays - Kelm Brueschke, Sales Rep
 Address: 4104 83rd Street
 City: Urbandale State: IA Zip Code: 50322
 Work-week Phone: 515.321.2761 Fax: 515.276.6828 E-Mail: kelmbrueschke@gmail.com
 Operator Name for day of Display: Tony Mosher Cell Phone: 515.210.7942
 Other Contact for day of Display: Kelm Brueschke Cell Phone: 515.321.2761

NOTE: Electronic firing ONLY

Type of Fireworks: 3", 4", 5" Shells & Finale Strings - See attached Attach Display Program
 Length of Display: 15 to 20 Minutes
 Fireworks Supplier: J & M Displays
 Exact Location of Display: ISU Parking Lot G7 East of Jack Trice Stadium Attach Diagram of Display/Shoot Location

Insurance Requirements: Insurance coverage and certificate requirements are on the back of this form.

Student Organizations Only: Submit an Event Authorization and Notification Form with other event documents (including this application) at least 6 weeks prior to the event.

The display operator, EH&S and ISU Police will monitor weather conditions prior to and during the display event. EH&S, ISU Police or the Ames Fire Department have the authority to cancel or postpone any display if they determine there is not strict adherence to the approved application; or there is lightning, wind gusts or inclement weather that will cause risks to the crowd or surrounding property.

4-26-2021 Date _____
 _____ Sponsoring Organization Representative Signature

I have read and agree to the responsibilities stated in the ISU Fireworks, Pyrotechnics and Flame Effects Procedures and also agree that I will meet all insurance requirements listed on this application and that this insurance will be primary.

4/23/2021 Date _____
 _____ Display Operator Representative Signature

APPROVAL SIGNATURES:
5/27/2021 | 8:07 AM CDT

Date _____
6/10/2021 | 4:46 PM CDT

Date _____
6/11/2021 | 9:10 AM CDT

Date _____
6/11/2021 | 12:19 PM CDT

Date _____

DocuSigned by:

 Troy Carey
 Environmental Health and Safety

 Michael Newton

 ISU Police

 City of Ames Fire Inspector

 Susie Johnson

 Office of Risk Management

City of Ames Fireworks Permit Application



PERMIT TO DISPLAY FIREWORKS APPLICATION

Name of Event City of Ames Fireworks Display

Date & Time of Event 7/3/2021 10:00 pm Rain Date & Time 7/5/2021 10:00 pm

Applicant Name Kevin Bourke Phone 515.460.8870

Email kevinb@amescyb.com

Organization Name Ames Convention & Visitors Bureau

Address 1601 Golden Aspen Drive, Suite 110

City Ames State IA Zip Code 50010

Contact for Day of Display Kevin Bourke Phone 515.460.8870

Exact location of shoot/display ISU Parking Lot G7 East of Jack Trice

Attach diagram of display location

Size of shells and/or type of display 3", 4", 5" Shells & Finale Strings

Attach effects list or schedule

Name of Display Operator/Responsible Shooter Tony Mosher
(This person is to be present on the day of the event.)

Attach a resume showing pyrotechnic certification/qualifications

Phone number for Display Operator/Responsible Shooter 515.210.7942

Name of Insurance Company Britton Gallagher agent for Everest Natl
See below for detailed information about insurance requirements.

Display sites are subject to examination by the City Fire Inspector or his/her designee. The Ames Fire Department has authority to cancel/postpone any display if it is determined that there are safety concerns.

Applicant Signature [Signature] Date 4-26-2021

Display Operator Signature [Signature] Date 4/23/2021

- City of Ames Insurance Requirements:
- Comprehensive General Liability limits in the amount of \$1,000,000 combined single limit and Excess Liability limits in the amount of \$5,000,000. Coverage shall be at least as broad as the ISO Form Number CG0001 covering commercial general liability written on an occurrence basis only.
 - Applicant and/or Sponsor must be named as certificate holder(s).
 - The City of Ames, its officers and employees must be named as additional insured.
 - A copy of the current insurance certificate must be filed with the City Clerk.

NOTE: This application not to be used for displays originating on Iowa State University property.

Submit your completed permit application to: diane.voss@cityofames.org
City of Ames
City Clerk's Office
PO Box 811
Ames, IA 50010

For displays on property owned by Iowa State University, an alternate application must be submitted to ISU Risk Management at least six (6) weeks prior to the event. Please refer to forms and information found at: <http://www.riskmanagement.iastate.edu/events/fireworks> or contact the ISU Office of Risk Management at 515-294-7711.

For Office Use Only

Documents Received
Date: 5-28-21

- Completed Application
 Sketch
 ISU Property

Fee Requested
Fee \$25.00

Date Fee Paid: _____

Insurance
 Received 5-28-21
 Approved 6-1-21

Follow Up

- Application approved
 Fire Inspector approved - sent 6-1
 Permits database updated
 Permit Letter prepared
 Letter copied and mailed

City Council Meeting 6-22-21
 Added in Agenda
 City Council Approved

Permit Number 21-01

Special Conditions:

Application Denial Reasons:

DISPLAY OPERATOR INFORMATION:

The fireworks display company must carry fireworks display liability insurance with a company acceptable to Iowa State University. In accordance with the policies and procedures of Iowa State University, all event sponsors and participants must be adequately insured. An original Certificate of Insurance must be submitted with the Fireworks Application at least six (6) weeks prior to the event. Please share the following insurance requirements with your insurance agent to facilitate issuance of the certificate of insurance:

1. The company must be at least A Class VII rated by A. M. Best Company.

The insurance companies providing coverage must be of an acceptable financial rating as determined by Iowa State University Office of Risk Management.

Exceptions are possible; however, ISU retains the right to require the A rating. Unrated companies are not accepted.

2. State of Iowa; Board of Regents, State of Iowa; and Iowa State University must be named as additional insureds.

All legal entities referenced above must be individually listed on the certificate as an additional insured for liability coverage.

Additional insured status shall be on a primary and non-contributory basis.

3. We require occurrence coverage.

The certificates should be marked "occurrence." If there is no box marked "occurrence," we require the notation "occurrence form" in the Special Conditions box.

4. The certificate must be complete.

Certificates without limits, insurance company, or coverage indicated are not acceptable.

5. Limit Requirements:**• General Liability**

The policy must provide the following coverage and limits as a minimum: \$1,000,000 combined single limit per occurrence for bodily injury including death, personal injury and property damage.

• Automobile Liability

The policy must provide the following limit for Automobile Liability: \$1,000,000 combined single limit each accident.

• Worker's Compensation and Employer's Liability

The policy must provide for the Statutory Limits of \$100,000/\$500,000/\$100,000. Also required under Worker's Compensation is a Waiver of Subrogation in favor of Iowa State University/State Board of Regents.

• Excess Liability

The policy must provide \$5,000,000 for Excess Liability coverage.

6. The policy shall provide for thirty (30) days' written notice to Iowa State University in the event of any modification, cancellation, or termination.**7. Insurance policy term must be for the duration/term of contract or specific to the event date(s).****Certificate of Insurance**

Mail or fax the certificate to:

Office of Risk Management, Iowa State University

3618 Administrative Services Bldg., Ames, Iowa 50011

Fax #: (515) 294-3105

For questions or concerns contact: Deb Keys, Insurance Coordinator, at (515) 294-7711

Application Submittal

The application must include the following attachments:

- Certificate of insurance for the Display Operator with appropriate limits and named insureds
- Copy of the Display Operator's license
- Diagram of the display location from the Display Operator
- Effects list/schedule from the Display Operator (must indicate electronic firing will be used for ignition)
- \$100.00 application processing fee (check made payable to Iowa State University)

Mail the completed application with attachments at least six (6) weeks prior to the event to:

Office of Risk Management, Iowa State University, 3618 Administrative Services Building, Ames, Iowa 50011

For questions, please contact the Office of Risk Management

Phone: (515) 294-7711 Fax: (515) 294-3105

Show Details:

Event Name: City of Ames Independence Day Celebration Fireworks

Organization: Ames Convention & Visitors Bureau

Contact: Kevin Bourke

Address: 1601 Golden Aspen Drive # 110
Ames, IA 50010

Phone: 515.460.8870

Fax:

Email: kevinb@amescvb.com

Venue: ISU - Parking Lot G7 East of Jack Trice Stadium

Responding Fire Department: Ames Fire Department - Ames, IA

Show Date: Saturday July 3rd, 2021

Shoot Time: 10:00 p.m.

Duration of Show: 15 to 20 minutes

Lead Display Operator:

Tony Mosher – Credentials

- PGI Certified Shooter
- Cell Phone: 515.210.7942 – Date of Birth: 01-17-1962

Back-up Display Operator:

Kelm Brueschke – Credentials

- PGI Certified Shooter
- Cell Phone: 515.321.2761 – Date of Birth: 04/14/1963

Pyrotechnic Products Proposed:

Quantity	Type/Class	Description
200	Class B (1.3g)	3" Shells
220	Class B (1.3g)	4" Shells
125	Class B (1.3g)	5" Shells
17	Class B (1.3g)	3" 10 Shot Finale Strings
9	Class B (1.3g)	4" 8 Shot Finale Strings

William E. Walton

Insurance Certificate: \$10,000,000.00 coverage. Certificate attached.

6/15/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/7/2021

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 Britton Gallagher One Cleveland Center, Floor 30 1376 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (City, No., Ext): 216-658-7100	FAX (City, No.): 216-658-7101
	ADDRESS:	
INSURED J & M Displays, Inc. 16004 170th Avenue Yarmouth IA 52660	INSURER(S) AFFORDED COVERAGE	
	INSURER A: Everest Denali Insurance Company	NAIC # 16044
	INSURER B: Axis Surplus Ins Company	20620
	INSURER C: Everest Indemnity Insurance Co.	10861
	INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 1338027840 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.

INSTR. LTR.	TYPE OF INSURANCE	ADDL. COV. (INS. POLICY)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO. <input type="checkbox"/> LOC		SEM00000211	1/15/2021	1/15/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any and person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP ACQ \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		SH6CA0003-211	1/15/2021	1/15/2022	COMBINED SINGLE LIMIT (E & B) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$		P-001-000033843-01	1/15/2021	1/15/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IA) <input type="checkbox"/> Y/N N/A If yes, describe type/DESCRIPTION OF OPERATIONS below					WC/STAT. TORT LIMITS 07% FT E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Events Liability #2		SELEKD1315-211	1/15/2021	1/15/2022	Each Occurrence \$4,000,000 Total Limit \$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 General Liability policy where required by written agreement.
 FIREWORKS DISPLAY DATE: July 3, 2021
 RAIN DATE: July 5, 2021
 LOCATION OF EVENT: Iowa State University, Lot G7, East of Jack Trice Stadium
 ADDL. INSURED: The City of Ames, Iowa, its employees, volunteers, officers, elected officials, partners, subsidiaries, divisions & affiliates, event sponsors & endowments by their interest may appear in relation to this event; Ames Convention & Visitors Bureau (sponsor); State of Iowa (property owner); Iowa State University (sponsor/event organizer); Board of Regents, State of Iowa (property owner/management)
 See Attached...

CERTIFICATE HOLDER Ames Convention & Visitors Bureau ATTN: Kevin Bourke 1601 Golden Aspen Drive #110 Ames IA 50010 USA	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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