



City Council  
Agenda Memo

TO: Larry D. Gilley, City Manager

City Council  
Meeting Date: 06/12/14

FROM: Ken Dozier, Fire Chief *KD*

SUBJECT: Fireworks Display

**GENERAL INFORMATION**

The Fire Marshal has received a request from Extreme Pyrotechnics for City Council approval (City Code Sec. 20-25) to conduct a fireworks display at 2070 Zoo Lane & Transformer Trail on July 4, 2014. An alternate rain date is set for July 5, 2014.

**SPECIAL CONSIDERATIONS**

Extreme Pyrotechnics will comply with all applicable codes. Provisions will be made to provide fire personnel at the display site. Abilene Police Department Traffic Division has been notified.

**FUNDING/FISCAL IMPACT**

No fiscal impact to the City is anticipated.

**STAFF RECOMMENDATION**

Staff recommends approval.

**BOARD OR COMMISSION RECOMMENDATION**

**ATTACHMENTS**

Display Site Map  
Certificate of Insurance

Prepared By:

Disposition by City Council

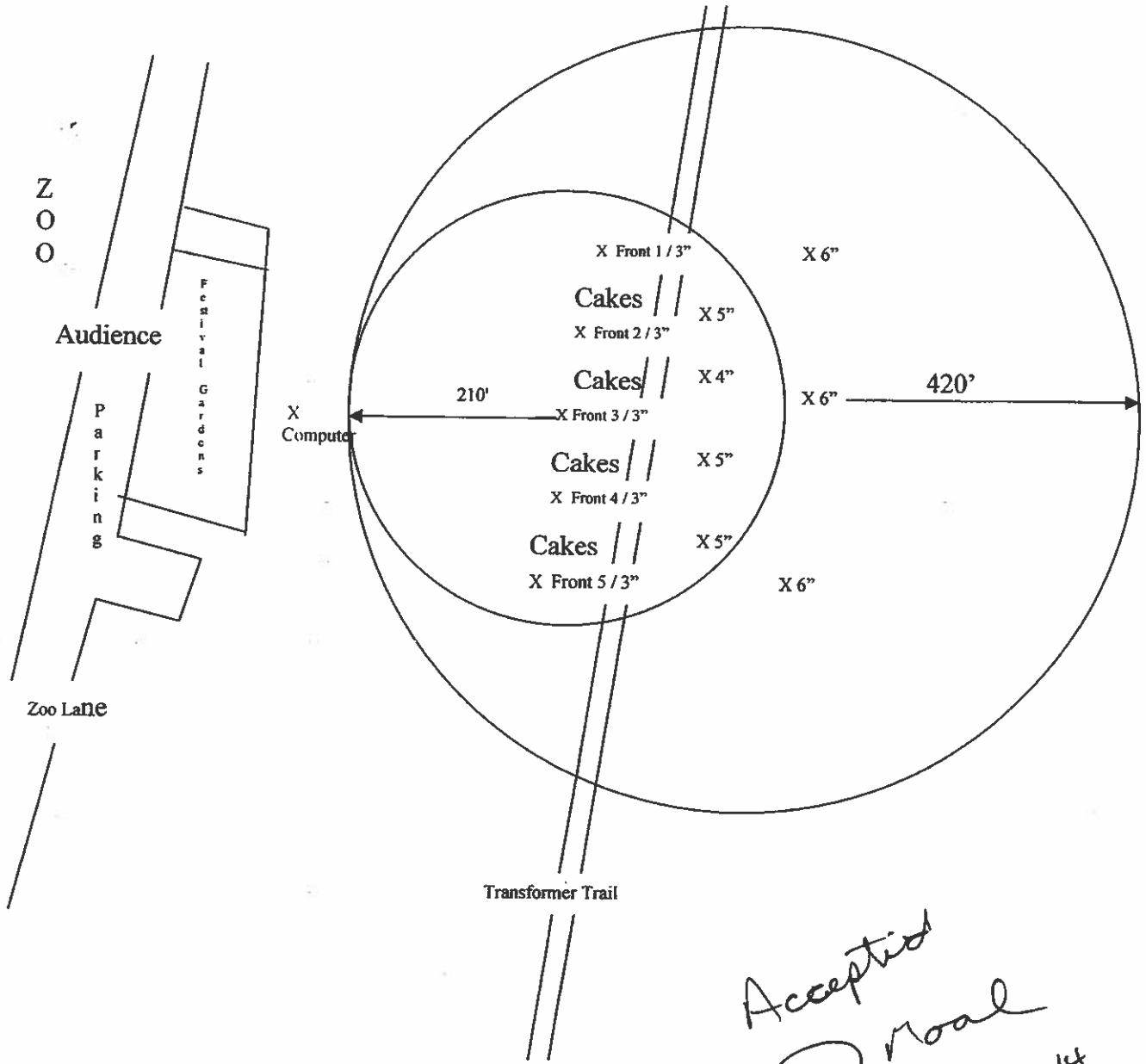
- Approved       Denied
- Other      Ord/Res # \_\_\_\_\_

Name Ken Dozier  
Title Fire Chief

Item No. 6.1

\_\_\_\_\_  
City Secretary

City of Abilene  
 2070 Zoo Lane/Transformer Lane  
 Abilene Texas, 7960



1. Area is securing a minimum of 420ft. from center of shoot site.
2. Audience will remain in designated area during show. Fences, barricade tape, and security will be used for crowd control.
3. All cultivated land will be mowed or plowed prior to display.
4. The area to the North West and South will be mowed prior to display.
5. Transformer Trail will be closed before, during, and after display; until display area is cleared.
6. There are no healthcare facilities, schools, churches, or hazmat within 1400ft.
7. Winds will normally be from the South, Southwest.
8. Parking is to the South and West of the shoot site. Traffic will exit to the south.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2014

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).

<b>PRODUCER</b> Ryder Rosacker McCue & Huston (MGD by Hull & Compa 509 W Koenig St Grand Island NE 68802	<b>CONTACT NAME:</b> Kristy Wolfe	
	<b>PHONE (A/C, No, Ext):</b> 308-382-2330 <b>FAX (A/C, No):</b> 308-382-7109 <b>E-MAIL Address:</b> kwolfe@ryderinsurance.com	
<b>INSURED</b> Extreme Pyrotechnics, LLC & Extreme Logistics, LLC 7233 Pecan Court Mansfield TX 76063	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A : SCOTTSDALE INS CO	41297
	INSURER B : NATIONAL CAS CO	11991
	INSURER C :	
	INSURER D :	
	INSURER E :	

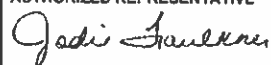
**COVERAGES**      **CERTIFICATE NUMBER:** 1216864511      **REVISION NUMBER:**

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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPS1797915	9/19/2013	9/19/2014	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Excess Hired			CAO0222588	12/8/2013	12/8/2014	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (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)

Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement. Blanket Waiver of Subrogation in favor of the entities listed below per form CG 2404 attached to General Liability policy. The City of Abilene, Texas; The Abilene Zoological Society; The Texas State Fire Marshal; and WesTex Connect are listed as additionally insured in respects to the fireworks display scheduled for July 4, 2014 to be shot at 2070 Lane/Transformer Trail, Abilene, TX 79601.

<b>CERTIFICATE HOLDER</b>  Texas State Fire Marshal 333 Guadalupe Austin TX 78701	<b>CANCELLATION</b>  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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