



State Fire Marshal

Department of Commerce

Mike DeWine, Governor | Jim Tressel, Lt. Governor | Sherry Maxfield, Director

com.ohio.gov

PROOF OF INSURANCE FORM

_____, IS THE NAMED INSURANCE COMPANY FOR
NAME OF INSURANCE COMPANY

NAME OF INSURED FIREWORKS PREMISES I.D. NO. ADDRESS OF THE FACILITY

Pursuant to R.C. 3743.15 (b)(2) and 3743.02(b)(2) an applicant for licensure as a wholesaler or manufacturer of fireworks shall submit with the application the following:

Proof of comprehensive general liability insurance coverage, specifically including fire and smoke casualty on premises, in an amount not less than one million dollars for each occurrence for bodily injury liability and wrongful death liability at its business location. Proof of such insurance coverage shall be submitted together with proof of coverage for products liability on all inventory located at the business location. All applicants shall submit evidence of comprehensive general liability insurance coverage verified by the insurer and certified as to its provision of the minimum coverage required under this division.

THE ACCOMPANYING CERTIFICATE OF INSURANCE IS PROOF OF THE INSURANCE COVERAGE AS DESCRIBED ABOVE:

SIGNATURE OF AGENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

CERTIFICATION

STATE OF _____

COUNTY OF _____

I, _____, UNDER MY OATH (OR AFFIRMATION) HEREBY CERTIFY THAT THE MATTERS SET FORTH BY ME IN THIS APPLICATION ARE TRUE AND CORRECT:

(SIGNATURE) _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20__

_____ MY COMMISSION EXPIRES: _____

(SIGNATURE OF NOTARY)

NOTARY SEAL