

Pyrotechnic & Explosives Supplemental Application

Applicant Information

Applicant name:		Application date:	
Address:		City:	State: ZIP:
Phone:	Website:	Applicant's email:	
Type of entity: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Nonprofit <input type="radio"/> Other			
Federal Employer Identification Number (FEIN) or Tax Identification Number:			
Applicant's contacts	Name	Phone	Email
Loss control manager			
General manager			
Audit			
Account/business manager			
Special effects coordinator name:			
Is the special effects coordinator a licensed pyrotechnics specialist? <input type="radio"/> Yes <input type="radio"/> No			
If yes, length of time licensed:		License class:	
How long has the special effects coordinator worked in the business?			

Applicant Information *(Continued)*

List event or production title of the last 5 credits in which the applicant supervised/coordinated the use of pyrotechnics/explosives:

Event or production title	Date	Insurance loss?	Describe loss, if applicable
		<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	

General Information

Indicate the following for this event or project (Attach separate sheet if needed):

Scene # (if applicable)	Event/scene description	Pyrotechnics description

Indicate the following concerning the implosions/explosions sequences to be expected:

Planned date	Sequence location	Subject of intended implosions/explosions	Detonation materials used

If the subject of the intended implosions/explosions are buildings, complete the following:

Building type/description	Structure suitable for implosions/explosions	Distance of other structures/properties from implosions/explosions

Name of the licensed powder person for project:

General Information (Continued)

Indicate the safeguards to be taken at each sequence location (check all that apply):

- ☐ Use of pyrotechnics/explosives on call sheets
- ☐ On-site meeting with all production company personnel involved with sequence
- ☐ On-site walk-through or dry run of the sequence before camera rolling and after any substantial changes
- ☐ Communication of established acceptable escape routes to all production company personnel
- ☐ Persons and crew at sequence explosion area limited to those necessary for the purpose of filming each sequence
- ☐ "No smoking" signs posted in all areas of sequence locations
- ☐ No smoking or open flames permitted within 50 feet of explosives or pyrotechnic device storage or handling locations
- ☐ No person under age 18 permitted near where explosives are used (Title 8 of CA Administrative Code)
- ☐ Fire marshal present at all times

Are explosives and/or pyrotechnic devices transported, handled, and stored in accordance with all applicable federal, state, and local laws?

☐ Yes ☐ No

Are all proper authorities notified in advance that explosives will be used at each sequence location?

☐ Yes ☐ No

Are all explosives and explosive devices shunted?

☐ Yes ☐ No

Will explosives be detonated from a DC power source?

☐ Yes ☐ No

During preparation of pyrotechnics/explosives, are proper personnel alerted to avoid all radio transmission in the area?

☐ Yes ☐ No

Are proper ventilation measures taken at each sequence location where explosives will be executed?

☐ Yes ☐ No

Has the applicant discussed the explosion sequence with all concerned parties at each location?

☐ Yes ☐ No

If yes, did any of these concerned parties request that the applicant take additional safeguards to protect the sites used for explosion, as well as other property thought to be vulnerable to explosion?

☐ Yes ☐ No

If yes, describe additional safeguards taken at each sequence:

Distance from the sequence to the general public and surrounding structures:

Is the project director at any of the sequence locations?

☐ Yes ☐ No

If yes, which sequence(s)?

Why?

General Information *(Continued)*

List all insured cast members involved in any pyrotechnics scenes or at any of the sequence locations:

Scene # or sequence location	Cast member name

Submission Requirements

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER