

Pima County Clerk of the Board

Melissa Manriquez

Katrina Martinez
Deputy Clerk

Administration Division
33 N. Stone Avenue, Suite 100
Tucson, AZ 85701
Phone: (520)724-8449 • Fax: (520) 222-0448

Management of Information & Records Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

May 22, 2024

Taylor Cooley
Skyline Country Club
5200 E. Saint Andrews Drive
Tucson, AZ 85718

RE: Fireworks Display
Applicant: Skyline Country Club
Date: Thursday, July 4, 2024 at 9:15 p.m.
Location: 5200 E. Saint Andrews Drive

Dear Cooley:

Notice is hereby given that the above-referenced application for a fireworks permit is scheduled to be heard before the Pima County Board of Supervisors on Tuesday, June 4, 2024, at approximately 9:00 a.m. or thereafter, to be held at the following location:

Pima County Administration Building
Board of Supervisors Hearing Room
130 W. Congress, 1st Floor
Tucson, AZ 85701

If you have any questions pertaining to this matter, please contact this office at (520)724-8449.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Manriquez", is written over a horizontal line.

Melissa Manriquez
Clerk of the Board

c: Sheriff's Department-Explosives Division
Fireworks Productions of Arizona



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PIMA COUNTY APPLICATION FOR FIREWORKS DISPLAY INSPECTION/PERMIT

Persons applying for a fireworks display permit in Pima County are required to undergo a display site inspection conducted by the Pima Regional Bomb Squad. This inspection is used to make a recommendation to the Board of Supervisors regarding the approval or denial of your permit. Inspectors will be checking for compliance with Pima County Code 9.04 and the National Fire Protection Association Code 1123: Code for Fireworks Display. The local fire district and or the state fire marshal may conduct an independent inspection which has the authority to override permit approval.

NOTE: The Display Operator and Site Manager should be selected as individuals with authority to supervise the event. These parties must be willing to accept civil/criminal responsibility for assuring compliance with provisions and safety regarding this display. A violation of Pima County Code 9.04 is a class 3 misdemeanor.

ORGANIZATION/APPLICANT: Skyline Country Club
MAILING ADDRESS: 5200 East St. Andrews Dr. Tucson 85718
LOCATION/ADDRESS OF DISPLAY: same
SITE MANAGER: Taylor Cooley
CONTACT INFO: Email: tcooley@skylinecountryclub.com Phone #: 520-488-8237
DATE AND TIME OF DISPLAY: July 4, 2024 @ approx 9:15pm
ALTERNATE DISPLAY DATE(s)/TIME* none
*(Alternate display date(s) must be within 7 days of the date selected above)
PRODUCTION COMPANY: Fireworks Productions of Arizona
DISPLAY OPERATOR: Samuel Fayuant
CONTACT INFO: Email: samuel.fayuant@gmail.com Phone #: 520-784-9404

Submit this completed application to the **Pima County Clerk of the Board** with the following:

- ☐ *Pima County Permit for Fireworks Display* form completed with organization/display information
- ☐ Written shot sheet including display list and mortar diameters
- ☐ Site plan diagram including dimensions of display, location of discharge site, spectator area, parking area, fall-out area and associated distances per NFPA 1123 5.1.2.2.
- ☐ Evidence that all persons participating in the display have received training as required under NFPA 1123 8.1.3.3
- ☐ Evidence of insurance/bonding (Alternative display date(s) requested above must be listed on the Certificate of Liability Insurance.)

A Pima Regional Bomb Squad representative will contact you to schedule a site inspection.

MAY 13 24 PM 01:15 PCDKDFB



PIMA COUNTY PERMIT FOR FIREWORKS DISPLAY

ORGANIZATION: Skyline Country Club
ADDRESS: 5200 East St. Andrews Dr. Tucson 85718
LOCATION OF DISPLAY: same
DATE AND TIME OF DISPLAY: July 4 @ approx 9:15pm
PRODUCTION COMPANY: Fireworks Productions of Arizona

Pursuant to Pima County Code 9.04.050, the Pima County Sheriff's Department has conducted a site inspection and recommends approval of the Permit for Fireworks Display. Conformance to the provisions on the attached *Pima County Fireworks Inspection Form* is required.

A handwritten signature in black ink, appearing to be "C. D.", is written over a horizontal line.

Pima County Sheriff

=====

The Pima County Board of Supervisors approves the Permit for Fireworks Display for the location, date and time specified above. In the event a fire emergency is declared, adherence to any restriction(s) set forth in that declaration is required.

Dated this _____ day of _____, 20____.

Chair, Pima County Board of Supervisors

ATTEST

CLERK OF THE BOARD

This permit is not transferable or assignable, must have the executed *Pima County Fireworks Inspection Form* attached and must be available for inspection prior to, during and after the fireworks display.

MAY 13 24 PM 01:45 PCD/KCF/BD 286



PIMA REGIONAL BOMB SQUAD

Pima County Sheriff's Department

1750 E Benson Highway, Tucson, AZ 85714

"Leadership Through Teamwork"



PIMA COUNTY FIREWORKS INSPECTION FORM

This inspection is being conducted pursuant to Pima County Code (PCC) 09.04.050. Its purpose is to assure compliance with NFPA 1123 and PCC 09.04.080. No permit will be recommended for approval unless the display meets the requirements of both standards; a person violating these provisions is guilty of a class three misdemeanor. The "Site Representative" and "Operator's Representative" signing this document assume criminal and civil responsibility for compliance with these provisions.

- | YES | NO | DATE OF INSPECTION: <u>3/21/24</u> |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Launch site is more than (200') two hundred feet from the nearest permanent building, public highway, railroad, or other means of travel. Building is defined as a facility intended for occupancy or inhabitation. (09.04.080) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Site plan submitted to inspecting authority (NFPA 1123 5.1.2.1) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Site Plan includes dimensions of display, location of discharge site, spectator area, parking area, fall-out area, and associated distances (Attach Site Plan) (NFPA 1123 5.1.2.2) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Minimum radius of display site equals 70 feet per inch shell diameter (NFPA 1123 5.1.3.1) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Distance exemption required Reason: <u>NA</u> (NFPA 1123 5.1.4.6) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Launch site is more than (50') fifty feet from the nearest above ground telephone or telegraph line, tree or other overhead obstruction, or one hundred feet from a high-tension wire (09.04.080) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Launch site is more than five hundred feet from a school, theater, church, hospital, or similar institution (09.04.080) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spectator site is more than (200') two hundred feet from the point at which the fireworks are to be discharged (09.04.080) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Only authorized persons and those in actual charge of the display shall be allowed inside these lines or barriers during the unloading, preparation, firing and clean-up period of fireworks (09.04.080) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Mortar rack set to be designed at as near vertical as possible (09.04.080) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fireworks display will be stopped during any storm or wind in which the wind reaches a velocity of more than ten miles per hour (09.04.080) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All fireworks, articles and items at places of display shall be stored in a manner and in a place secure from fire, accidental discharge, and theft or other potential hazards, and in a manner approved by the governmental agency having jurisdiction. Storage method: <u>DELIVERED DAY OF EVENT</u> (09.04.080) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any fireworks that remain unfired after the display is concluded shall be immediately disposed of or removed in a manner safe for the particular type of fireworks (09.04.080) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Debris from the discharged fireworks will be properly disposed of by the operator before operator leaves the premises (09.04.080) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upon conclusion of the display the operator shall make a complete and thorough search for any unfired fireworks or pieces which have failed to fire or function and shall dispose of them in a safe manner and contact the bomb squad for assistance if necessary (09.04.080) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fire department scheduled for standby. Fire agency and POC: <u>RURAL METRO</u> (NFPA 1123 8.1.1) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Evidence of all site crew meeting NFPA training requirements provided (NFPA 1123 8.1.3.3) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Display site meets crowd control requirements including the use of ropes, boundary lines and/or spotters (NFPA 1123 8.1.2) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Operator will conduct display in compliance with the provisions set forth in NFPA 1123 and Pima County Code 9.04 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Notification was made to all neighbors within 1,000 feet on (Date) <u>NA</u> . How was notification made? _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Permit approved by Sheriff's Department (09.04.050) |

Inspector

Site Representative

Operator's Representative

MAY 21 12:24 PM 0200 PCC CLK OF BD

MAY 13 12:24 PM 0145 PCC CLK OF BD

MERCHANTS
BONDING COMPANYTM

MERCHANTS BONDING COMPANY (MUTUAL) P.O. Box 14498, DES MOINES, IA 50306-3498

PHONE: (800) 678-8171 FAX: (515) 243-3854

FIREWORKS DISPLAY BOND

Bond No. AZ 423905

KNOW ALL PERSONS BY THESE PRESENTS, that we

Fireworks Productions of Arizona LTD

as Principal, and MERCHANTS BONDING COMPANY (MUTUAL), a corporation organized under the laws of the State of Iowa, and duly authorized and licensed to do business in the State of Arizona, as Surety, are firmly bound unto Pima County

State of Arizona
in the sum of One Thousand Dollars DOLLARS (\$\$1,000.00) lawful money of the United States, to the payment of which sum, well and truly to be made, the Principal and Surety bind themselves, their and each of their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS the above bounden Principal Fireworks Productions of Arizona LTD desires to have a permit for Fireworks Display and in order to have such display it is necessary for said Fireworks Productions of Arizona LTD

to execute a surety bond in the amount of One Thousand Dollars Dollars (\$ \$1,000.00) conditioned for the payment of all damages which may be caused to persons or property by reason of the permitted display as provided in Chapter 46, Arizona Legislative Session Laws of 1941.

NOW, THEREFORE, if the said Fireworks Productions of Arizona LTD well and truly observe, carry out, perform and comply with all requirements, terms and provisions of the Ordinances of the Board of Supervisors of Pima County, State of Arizona, conditioned for the payment of all damages which may be caused to persons or property by reason of the permitted display as provided in Chapter 46, Arizona Legislative Session Laws of 1941, for a period from 12:01 A.M. May 7, 2024 to 12:01 A.M. May 7, 2025 then this obligation to be void, and of no effect.

SIGNED, sealed and dated this 21st day of February, 2024.

Fireworks Productions of Arizona LTD
Principal

MERCHANTS BONDING COMPANY (MUTUAL)

By Lori Bogart
Attorney-in-fact Lori Bogart

MAY 13 2 24 PM '01 15 PC CLK OF BD

MERCHANTS
BONDING COMPANYTM
POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, d/b/a Merchants National Indemnity Company (in California only) (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Lori Bogart

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

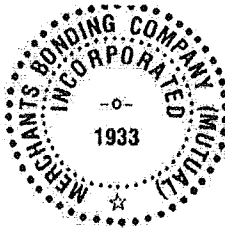
"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 21st day of February, 2024.



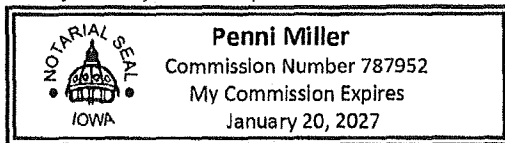
MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
d/b/a MERCHANTS NATIONAL INDEMNITY COMPANY

By

Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 21st day of February, 2024, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

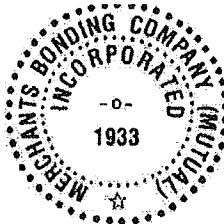
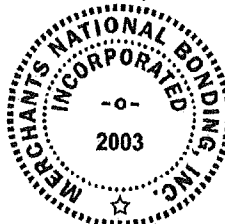


(Expiration of notary's commission
does not invalidate this instrument)

[Signature]
Notary Public

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 21st day of February, 2024.



William Warner Jr.
Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/17/2024

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 Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME:	
	PHONE (A/C, No, Ext): 216-658-7100 FAX (A/C, No): 216-658-7101	
INSURED FPA, Ltd. 17034 S 54th St Chandler AZ 85226	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Everest Indemnity Insurance Co.	10851
	INSURER B : Axis Specialty Ins Co	15610
	INSURER C : Everest Denali Insurance Company	16044
	INSURER D : AZ Assigned Risk Plan NCCI	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1923608188 **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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	SI8GL0238-231	10/9/2023	10/9/2024	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 500,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
C	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	Y	Y	SI8CA00258-231	10/9/2023	10/9/2024	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	P-001-000691697-02	10/9/2023	10/9/2024	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 4,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 4,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 4,000,000	AGGREGATE	\$ 4,000,000		\$								
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AGGREGATE	\$ 4,000,000																				
	\$																				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N		N/A	6JUB-6R08411-5-23(AZ)	10/9/2023	10/9/2024	<table border="1"><tr><td><input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
A	2nd Excess			SI8EX01790-231	10/9/2023	10/9/2024	<table border="1"><tr><td>Each Occurrence</td><td>5,000,000</td></tr><tr><td>Aggregate</td><td>5,000,000</td></tr></table>	Each Occurrence	5,000,000	Aggregate	5,000,000										
Each Occurrence	5,000,000																				
Aggregate	5,000,000																				

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 and Auto Liability policies where required by written agreement.
Date of Display: July 4, 2024
Location of Display: Skyline Country Club, Tucson, AZ
Additional Insured(s): Pima County; City of Tucson; Skyline Country Club Management, L. P.; Rural Metro Fire Department.

CERTIFICATE HOLDER Skyline Country Club 5200 E. St. Andrews Drive Tucson AZ 85718	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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Samuel L. Fayuant
HCO1 Box 8661
Sells, Arizona 85634
520-784-9404



Fireworks Productions of Arizona
17034 S. 54th Street
Chandler, AZ 85226

Head Pyrotechnician
Qualifications & Resume

PROFESSIONAL EXPERIENCE

Since 2006 Samuel Fayaunt has conducted displays for the following events and locations:

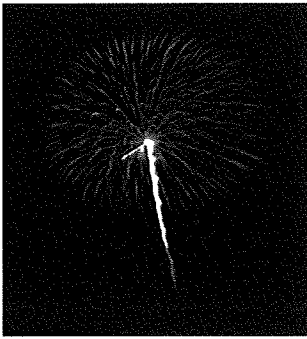
Pisinemo District 4th of July fireworks show in Pisinemo village.
Pisinemo District and the T.O. Nation Division of Alcohol Substance Abuse Program; Safe and Sober New Year's Celebration
Pisinemo District and the T.O. Nation Division of Alcohol Substance Abuse Program; Safe and Sober July 4th Celebration
Fireworks program at the Golden Ha:san Casino on 4th of July
Fireworks program for the Grand Opening Celebration of Pisinemo Recreation Center
St. Mary's Feast Day Celebration
Summer Kick Off fireworks program at Sells Recreation Center
Fireworks program at San Xavier
Fireworks program at Cowlic Community
T.O. Veteran Affairs July 4th
Fireworks program St. Francis Celebration at Big Fields Community
Summer Kick Off fireworks program at Hickiwan Recreation Center
Fireworks program Our Lady of Guadalupe
Loews Ventana Canyon, 4th of July
Rio Rico, 4th of July
Skyline Country Club, Tucson, 4th of July

CERTIFICATIONS & TRAINING

Fireworks Productions of Arizona Shooter School

Head Pyro Training
In-class Training & Instruction
In-field Training
"Live Fire" Display Presentation
Yearly attendance: 1998 - Present

MAY 13 24 PM 01:15 PC CLK OF BD



SKYLINE COUNTRY CLUB
Tucson – Pima County

Thursday, July 4, 2024

15 – 20 Minute Display
(3 – 4 second pace)

Total Aerial Shells 408



Opening:

Skyline Country Club's show begins with an impressive series of powerful booms and flashing white light to excite and thrill your members and guests.

7 - 3" Crackling Spiders

Aerial Display:

A large assortment of brilliantly-colored shells and basin effects.

Your Aerial Display will contain a total of **304** aerial shells.

2 ½" - 160 Chinese Fancy's & Specials

3" - 144 Chinese Fancy's & Specials

GRANDE FINALE:

Your celebration of our Independence Day will close in spectacular excitement as multiple styles of brilliantly-colored shells, rocket skyward growing and glowing in breath-taking Blues, Golds, Greens, Silvers, Yellows, Purples and Red.

Your Grande Finale consists of **97** aerial shells:

Your Grande Finale: **72** – 2 ½" and **25** – 3" shells.

MAY 13 24 PM 01:15 PCDK OF BD 87



Site Map

Maximum Shell Size: 3" Aerial

5200 East St. Andrews Dr., Tucson 85718

Fireworks Productions of Arizona

480-948-0090

info@fireworksaz.com

MAY 13 24PM 01:15 PC CLK OF BD

Handwritten signature