

RESOLUTION NO. 2018-230

A RESOLUTION GRANTING PERMISSION TO THE MAYOR'S OFFICE OF THE CITY OF VINELAND TO CONDUCT A PUBLIC DISPLAY OF FIREWORKS ON JULY 4, 2018, WITH A RAIN DATE OF JULY 5, 2018, BETWEEN 9:00 P.M. AND 10:00 P.M., AT THE VINELAND HIGH SCHOOL COMPLEX, CHESTNUT AVENUE AND BREWSTER ROAD.

WHEREAS, in connection with the annual Fourth of July celebration in the City of Vineland, it has been traditional for an annual fireworks display to be presented on the evening of that date; and

WHEREAS, said fireworks display is in keeping with the traditional celebration of our nation's independence; and

WHEREAS, the Mayor's Office of the City of Vineland is desirous of conducting such a public display of fireworks; and

WHEREAS, under the provisions of the New Jersey Statutes, specifically Section 21:3-3 and 4, the approval of the governing body is necessary as a prerequisite of such display; and

WHEREAS, the Mayor's Office of the City of Vineland has complied with all of the requirements as set forth in said Statute; and

WHEREAS, the fireworks are to be stored on site prior to said display at the Vineland High School Complex, Chestnut Avenue and Brewster Road, Vineland, New Jersey; and

WHEREAS, Pyrotecnico, Vineland, New Jersey, is to operate said display and is found to be a competent operator; and

WHEREAS, the said display has been approved by the Chiefs of the Police and Fire Departments of the City of Vineland; and

WHEREAS, such display is of such a character, and is so located and will be discharged and fired in such a manner as not to be hazardous or endanger any person or persons; and

WHEREAS, an application in writing has been filed setting forth the details of said display;

NOW, THEREFORE, BE IT RESOLVED that permission is hereby given to the Mayor's Office of the City of Vineland to conduct the aforesaid public display of fireworks at the Vineland High School Complex, Chestnut Avenue and Brewster Road, on July 4, 2018, with a rain date of July 5, 2018, pursuant to N.J.S.A. 21:3-5.

BE IT FURTHER RESOLVED that, pursuant to the requirements of Section 21:3-6 of the Revised Statutes, a copy of the application, of the permit, and of this Resolution shall be forwarded to the Bureau of Explosives of the Department of Labor of the State of New Jersey.

Adopted:

\_\_\_\_\_  
President of Council

ATTEST:

\_\_\_\_\_  
City Clerk

# CITY OF VINELAND

May 18, 2018

Keith Petrosky, City Clerk  
City of Vineland  
Vineland, NJ 08360

Dear Keith:

Submitted to you herewith is a request for permit to hold a public display of fireworks in connection with the Annual Fourth of July Celebration, as follows:

REASON FOR PERMIT: Fireworks Display

PLACE: Vineland High School Complex  
Chestnut Avenue and Brewster Road  
Vineland, New Jersey

DATE: July 4, 2018

RAIN DATE: July 5, 2018

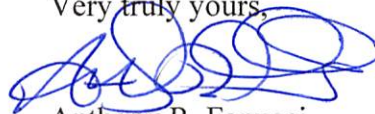
TIME OF EVENT: Between 9:00 pm and 10:00 pm

PLACE OF STORAGE: On Site  
Vineland High School Complex  
Chestnut Avenue and Brewster Road

ASSEMBLY PLACE: Vineland High School Complex  
Chestnut Avenue and Brewster Road  
Vineland, New Jersey

IGNITING FIREWORKS: Pyrotecnico

Very truly yours,



Anthony R. Fanucci  
Mayor

/wr



### DISPLAY COMPANY REQUIREMENTS

1. Provide total number of shells and sizes (U.S. diameter) being used.
2. Provide types and amounts of ground (set pieces) or low level devices (cakes, candles) to be used.
3. For displays fired from barges or roof tops, provide documentation, including all calculations that the discharge area meets or exceeds the requirements of NFPA 1123 (2000 Edition) Section 4.3.1 or 4.4.1
4. Indicate the method in which display will be fired. If it is an electrically-fired display, provide the name of the N J Department of Labor licensed operator. The operator must have a valid license in his/her possession at the display site.
5. Provide a timetable of: delivery of fireworks to site; set-up; live load; and display time.
6. Provide a Certificate of Insurance (general and auto liability) in the amount of not less than \$500,000.00. The certificate must be valid for the duration of the event, including rain dates.
7. The use of salutes/reports larger than 3" is prohibited.
8. Displays CANNOT be fired if winds exceed 25 MPH.
9. Provide the name of the lead operator who will be representing the display company.
10. Submit a post-display report via RIMS Online within 48 hours of the display. The report must include the following: display information; time that the search of the fallout zone was conducted and the results; any product malfunctions; and any injuries.
11. Provide a letter attesting to the understanding of all of the above requirements as well as requirements set forth in Chapter 33 of the 2006 International Fire Code – New Jersey Editions and NFPA 1123 (2000 edition), 1124 (2003 edition), and 1126 (2001 edition) and that the display will be in compliance with same.

Raquel L. Flowers  
Display Company Representative Name

Raquel L. Flowers  
Display Company Representative  
Signature

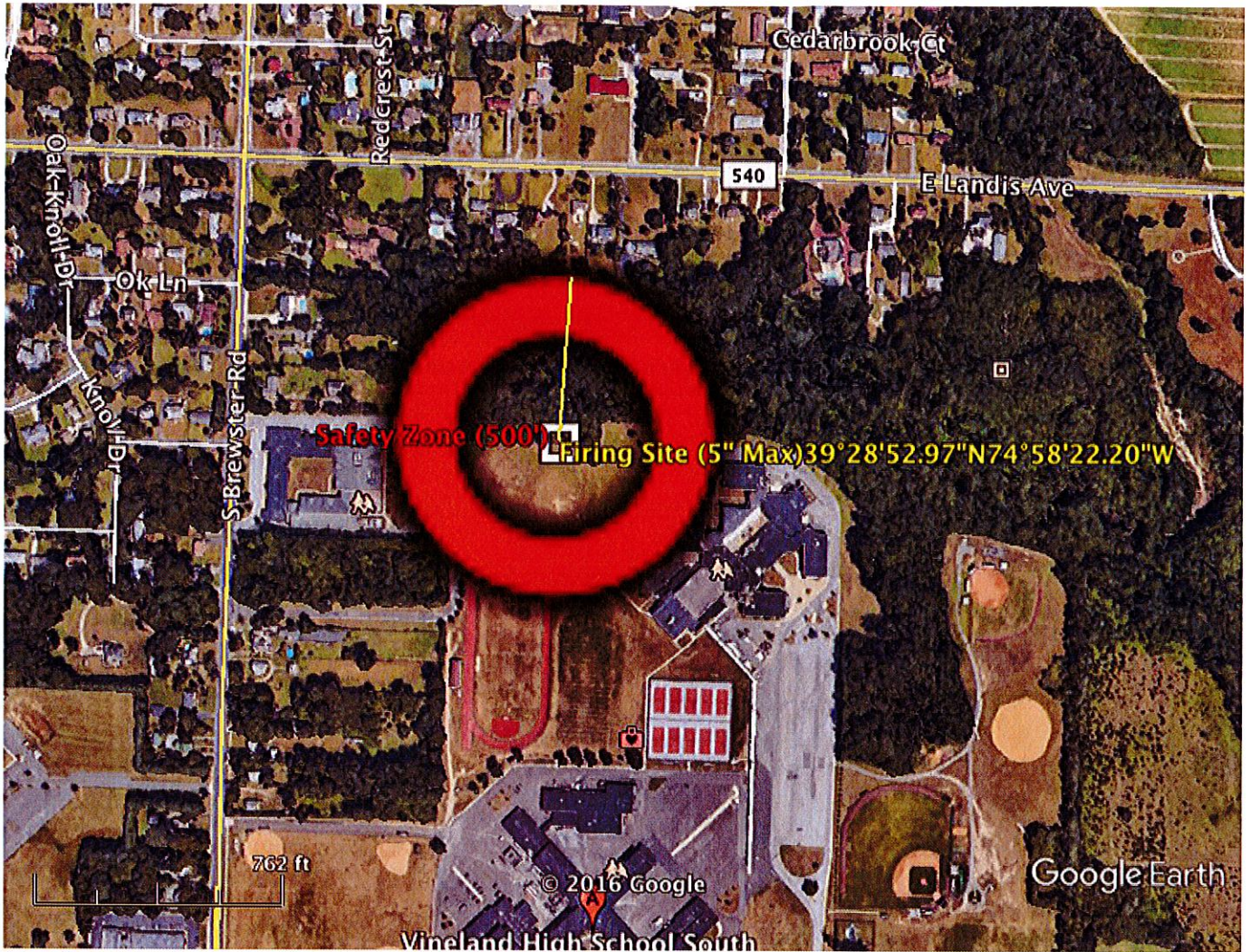
6-5-18  
Date

**All required information must be submitted through RIMS Online with the permit application. Failure to provide the required information will result in delays which could affect the processing of the permit. Specific code sections from the 2006 New Jersey**

**International Fire Code may be viewed by going to the following website:**  
[http://codes.iccsafe.org/app/book/toc/2006/2006\\_NewJersey/Fire\\_Code/index.html](http://codes.iccsafe.org/app/book/toc/2006/2006_NewJersey/Fire_Code/index.html)

Municipal/sponsor requirements are on page 1 of this form.





Google Earth



Date May 25, 2018

**SPONSOR**

City of Vineland National Night Out  
640 E Wood St  
Vineland, NJ 08360

**FIREWORKS COMPANY**

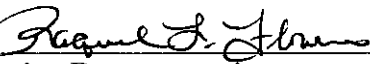
Pyrotecnico  
1640 Garden Rd.  
Vineland, NJ 08360

**SHOW DATE:** July 4, 2018

**RAIN DATE:** July 5, 2018

**LOCATION:** Vineland High School North – East Chestnut Ave Vineland, NJ

- 1) Total number of class B Shells being used are approximately: SEE ATTACHED  
Size: See attached product list  
Ground Pieces: NONE
- 2) All shells are DOT approved. EX Numbers are (see attached). Only  
Materials listed and approved by the Bureau of Explosives will be used.
- 3) Display will be manually fired.
- 4) Delivery to site will be approximately 2pm – Set up will take approximately 4 hours.
- 5) All displays will comply with all requirements as fourth in NJAC 5:70-3,3301.1 and  
NFPA1123, NFPA1124, NFPA1125 & NFPA1126.
- 6) Personnel currently scheduled to represent fireworks display company are:  
**Lead:** Gene Girone **Experience:** 45 years  
**Technician:**

Signed:   
Pyrotecnico Representative

Date: May 25 2018

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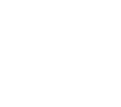
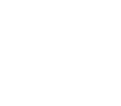
**NEW JERSEY** Motor Vehicle Commission

**COMMERCIAL DRIVER LICENSE** NJ

DL **G4614-24367 06512** CLASS C  
DOB **06-27-1961**  
ISS **09-08-2016** EXP **10-31-2020**

**GIRONE**  
EUGENE G  
870 LONGWOOD DR  
VINELAND, NJ 08361-6344  
END H  
RESTR L NJ

SEX **M** HGT **6-02"** EYES **BRN** ORGAN DONOR  
CA V20762200000320 REN \$4.00



Last Name: Gerrin First Name: Eugene DOB: 6-27-57 Exam Date: 4-17-18

**MEDICAL EXAMINER DETERMINATION (State)**

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations):

- Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason): \_\_\_\_\_
- Meets standards in 49 CFR 391.41 with any applicable State variances
- Meets standards, but periodic monitoring required (specify reason): \_\_\_\_\_

Driver qualified for:  3 months  6 months  1 year  other (specify): \_\_\_\_\_

- Wearing corrective lenses  Wearing hearing aid  Accompanied by a waiver/exemption (specify type): \_\_\_\_\_
- Accompanied by a Skill Performance Evaluation (SPE) Certificate  Grandfathered from State requirements (State)

**If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.**

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type): Vinay Nallurte, MD

Medical Examiner's Address: 1100 E. Chestnut Ave. City: Vineland State: MD Zip Code: 08360

Medical Examiner's Telephone Number: (856) 696-0128 Date Certificate Signed: 4-17-18

Medical Examiner's State License, Certificate, or Registration Number: 25 MA 08494000 Issuing State: MD

- MD  DO  Physician Assistant  Chiropractor  Advanced Practice Nurse
- Other Practitioner (specify): \_\_\_\_\_

National Registry Number: 6067048937

Medical Examiner's Certificate Expiration Date: 4/17/2020



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/25/2018

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> Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 216-658-7100 E-MAIL ADDRESS: info@brittongallagher.com		<b>FAX (A/C, No):</b> 216-658-7101
<b>INSURED</b> Pyrotecnico Fireworks Inc. P.O. Box 149 299 Wilson Road New Castle PA 16103		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
2299		INSURER A : Everest Indemnity Insurance Co.		10851
		INSURER B : Everest National Insurance Company		10120
		INSURER C : Maxum Indemnity Company		26743
		INSURER D : Axis Surplus Insurance Company		26620
		INSURER E :		
		INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER: 1195794943

REVISION NUMBER:

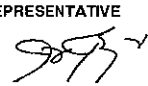
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		SI8ML00891-181	1/14/2018	1/14/2019	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
							\$
B	<b>AUTOMOBILE LIABILITY</b> <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		SI8CA00141-181	1/14/2018	1/14/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		EXC6030375	1/14/2018	1/14/2019	EACH OCCURRENCE	\$4,000,000
						AGGREGATE	\$4,000,000
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
D	Excess Liability #2		EAU620323	1/14/2018	1/14/2019	Each Occurrence	\$5,000,000
						Aggregate	\$5,000,000
						Total Excess Limits	\$9,000,000

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 4, 2018 / Rain Date: July 5, 2018 - August 7, 2018  
 Location: Vineland High School - East Chestnut Ave. Vineland, NJ  
 Additionally Insured: City of Vineland, NJ - City of Vineland Police Department - City of Vineland Board of Education

**CERTIFICATE HOLDER****CANCELLATION**

City of Vineland 640 East Wood St Vineland NJ 08360	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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/09/2017

**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 have ADDITIONAL INSURED provisions or 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> MCGRIFF, SEIBELS & WILLIAMS, INC. P.O. Box 10265 Birmingham, AL 35202	<b>CONTACT NAME:</b> Melanie Allen
	<b>PHONE (A/C, No, Ext):</b> 800-476-2211 <b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b> mail@mcgriff.com	
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A :</b> See Below	<b>NAIC #</b>
<b>INSURER B :</b>	
<b>INSURER C :</b>	
<b>INSURER D :</b>	
<b>INSURER E :</b>	
<b>INSURER F :</b>	

**INSURED**  
 Pyrotecnico Fireworks, Inc.  
 P.O. Box 149  
 New Castle, PA 16103

**COVERAGES**      **CERTIFICATE NUMBER:BPVZQ7EH**      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		738720960404-California Ins. Co (NAIC# 38865) 738720960408-Continental Indemnity Co. (NAIC# 28258) (Blanket Waiver of Subrogation Incl'd)	06/07/2017	06/07/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$ \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Re: Proof of Coverage

**CERTIFICATE HOLDER**

**CANCELLATION**

Pyrotecnico Fireworks, Inc. PO Box 149 New Castle, PA 16103	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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FIREWORKS DISPLAY

HOLD HARMLESS AGREEMENT

Between the Borough/Township/City/County of Vineland  
and PYROTECNICO FIREWORKS, INC. (Contractor).

WITNESSETH:  
PYROTECNICO  
FIREWORKS, INC.

1. PYROTECNICO FIREWORKS, INC. (Contractor) agrees to release, indemnify and hold harmless the Borough/Township/City/County of Vineland from and against any loss, damage or liability, including attorneys' fees and expenses incurred by the latter entities and their respective employees, agents, volunteers or other representatives arising out of or in any manner relating to the manufacture, installation, firing or disassembly of any pyrotechnic equipment or device and/or the supervision and presentation thereof.

2. The applicant has furnished the Certificate of Insurance with limits of liability described below:

Workers Compensation/Employers Liability: \$1,000,000.00

General Liability: \$5,000,000.00

Automobile Liability: \$1,000,000.00

Umbrella Liability: \$5,000,000.00

A true copy of the Certificate of Insurance is attached indicating the member entity and applicable associations, recreations or committees formed by the member entity to organize the "event" must be named as additional insured on all liability policies.

3. The facilities will be used for the following purpose and no other:

Event: FIREWORKS Date: 7-4-18 Rain Date: 7-5-18

Dated: 5-25-18 Signed: Lynn Ann Hamed  
Authorized Signature of the Contractor

Witness: Margie Fough

Bond No: 21BSBFH9165  
Bond Amount: \$2,500.00  
Bond Term: 1/30/18 to 1/30/19

THE STATE OF NEW JERSEY  
DEPARTMENT OF LABOR  
OFFICE OF SAFETY COMPLIANCE

SURETY BOND

Discharging, Firing-off, Exploding or Displaying Fireworks,  
at any Public Exhibition or Exhibition.

Know All Men by these Presents, that we Pyrotecnico Fireworks, Inc. dba Pyrotecnico

Fireworks Vendor

1640 Garden Road, Vineland, NJ 08360 of (in the County of Cumberland), as  
Fireworks Vendor Street Address County Name

Principal, are held and stand firmly bound unto the Treasurer and Receiver General of the State of New Jersey in the just sum of TWO THOUSAND FIVE HUNDRED dollars (\$2,500) to be paid to the Treasurer and Receiver General or his successor in office, to which payment well and truly to be made, we hereby jointly and severally bind ourselves, our respective heirs, executors and administrators, successors and assigns, firmly by these presents.

The Condition of this Obligation, is such that if the said, Hartford Fire Insurance Company, his heirs, executors and administrators, successors and assigns, shall pay any judgment obtained in an action brought against the said Pyrotecnico Fireworks, Inc. dba Pyrotecnico for discharging,

Fireworks Vendor Name

firing-off, exploding or displaying of said fireworks at any public exhibition or exhibitions hereof, for or on account of any loss, damage or injury resulting to persons or property by reason of the said discharging, firing-off, exploding or displaying of said fireworks, at said public exhibition or exhibitions; provided that said judgment is obtained in an action brought within a period of twelve months following the date of the public exhibition or exhibitions, in which cause of said action is alleged to have occurred, this obligation shall be void, otherwise it shall remain in full force and effect. The maximum amount of said bond shall in no way exceed the face amount of said bond no matter how many claims are made on said bond, in each Municipality, per display.

In Witness Whereof, we hereunto set our hands and seals, this 10th day of December, 2017

Pyrotecnico Fireworks, Inc. dba Pyrotecnico

Principal

Beth Stone  
WITNESS

Anna Aridhessa  
WITNESS

Hartford Fire Insurance Company

Mark W. Edwards II  
Attorney in Fact Mark W. Edwards, II



# POWER OF ATTORNEY

Direct Inquiries/Claims to:

**THE HARTFORD**  
BOND, T-12  
One Hartford Plaza  
Hartford, Connecticut 06155  
[Bond.Claims@thehartford.com](mailto:Bond.Claims@thehartford.com)

call: 888-266-3488 or fax: 860-757-5835

**KNOW ALL PERSONS BY THESE PRESENTS THAT:**

**Agency Code: 21-250036**

- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited** :

R.E. Daniels, Shelby E. Daniels of Pensacola FL, Robert Read Davis of Atlanta GA, Robert M. Verdin of Metairie LA, Christopher C. Gardner of Union MS, Mark W. Edwards II, Alisa B. Ferris, Robert R. Freel, Ronald B. Giadrosich, Jeffrey M. Wilson, Evondia H. Woessner of BIRMINGHAM, Alabama

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by , 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.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



*John Gray*

John Gray, Assistant Secretary

*M. Ross Fisher*

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT }  
COUNTY OF HARTFORD } ss. Hartford

On this 11th day of January, 2016, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

*Nora M. Stranko*

Nora M. Stranko  
Notary Public

My Commission Expires March 31, 2018

I, the undersigned, Assistant Vice President of the Companies, 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 effective as of December 10, 2017.  
Signed and sealed at the City of Hartford.



*Kevin Heckman*

Kevin Heckman, Assistant Vice President



U.S. Department  
of Transportation

Eastern Service Center  
Operations Support Group  
AJV-E2

1701 Columbia Ave.  
College Park, GA 30337

**E-MAILED**  
5-25-18 RF

## FIREWORKS DISPLAY NOTIFICATION

Company Name: Pyrotecnico Fireworks, Inc.

Email Address of Person Submitting Request: rflowers@pyrotecnico.com

Cell Phone Number for On-Site Technician: 609-634-5617

Event Name: City of Vineland

Display Date: 7-4-18 & 8-7-14 Rain Date: 7-5-18 / NONE

Display Start Time: 9pm

Duration of Fireworks Display: 10 min

Max Height of Fireworks: 500 feet

Address, City and State: 2880 E. Chestnut Ave Vineland, NJ

Latitude: 39°28'52.97 (North) Longitude: 74°58'22.20 (West)

List the Closest Public Use Airport Within 5 Nautical Miles of the Display if the Fireworks Will Reach or Exceed 500 Ft. Millville Airport

Special Notes \_\_\_\_\_

**Please email your request to:**

[9-ATO-ESA-OSG-Fireworks@faa.gov](mailto:9-ATO-ESA-OSG-Fireworks@faa.gov)



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

Dear Fireworks Proponent:

Thank you for informing us of your proposed fireworks display.

Although there are currently no federal regulations specific to fireworks displays, the Federal Aviation Administration (FAA) has been tasked with regulating the safe and efficient use of the navigable airspace (49 U.S.C. § 40103). In recognition of this role in promoting aviation safety, many jurisdictions require notice to the FAA as a condition of approval of a fireworks permit.

We acknowledge your notification and have no objection to the fireworks display provided it is conducted in a manner that does not create a hazard to other persons, or their property.

To enhance the safety of your event, we recommend the following actions:

- Fireworks staff should remain vigilant to ensure that no aircraft are in the area prior to beginning the fireworks display.
- If your event is within 5 miles of a public use airport, or if the display will exceed 500 feet Above Ground Level (AGL), contact Leidos Flight Service at 1-877-4-US-NTMS (1-877-487-6867) at least 24 hours (but not more than 72 hours) in advance to request a Notice to Airman (NOTAM). You will need to provide the following information:
  - Name and address of the person filing the NOTAM
  - Date, time(s), and event location (City, State, and location in reference to the airport)
  - Maximum altitude of the display

This letter should not be construed as superseding or invalidating any existing rules or regulations promulgated by any other federal, state, county, or municipal government which may be required for this display.

If you have any questions regarding this information, please contact our office at (404) 305-5570 or [9-ATO-ESA-OSG-Fireworks@faa.gov](mailto:9-ATO-ESA-OSG-Fireworks@faa.gov).

Sincerely,

Ryan W. Almas  
Manager, Operations Support Group  
Eastern Service Center, Air Traffic Organization



May 15, 2018

City of Vineland  
640 East Wood Street  
Vineland, NJ 08360

To whom it may concern:

A representative from our company will do a first light inspection at The Vineland High School grounds, Vineland New Jersey the morning of first light on July 5, 2018 & August 8, 2018. We will be responsible for policing the fireworks display and search for and disposing of unfired fireworks.

Please also be aware that we do police the area after the fireworks display has been completed. This is our procedure for all of our shows.

If you have any questions, please do not hesitate to contact our office at 856-697-1023.

Sincerely,

Raquel L. Flowers  
Fireworks Coordinator