

# CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
10/07/2022

**PRODUCER AND THE NAMED INSURED**  
Evolution Insurance Brokers, LLC.  
  
8722 S. Harrison St.  
Sandy, UT 84070  
(801) 304-5500

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.**

## INSURERS AFFORDING COVERAGE

**INSURED**  
Firepower Displays Unlimited Inc.  
  
14240 SW 256th St  
Homestead, FL 33032

INSURER A: Prime Insurance Company  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"**

- Company #12588

### COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> <b>Excess Commercial Liability</b> <input checked="" type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Exclude Products <input checked="" type="checkbox"/> Exclude Completed Operations	SC22030856	3/9/2022	3/9/2023	\$4,000,000 Per Accident \$4,000,000 Policy Aggregate
<input type="checkbox"/> <b>Commercial Auto Liability</b> Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos Drive Away Specifically Described Autos				
<input type="checkbox"/> <b>Commercial Garage Liability</b> G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession Claims Made Exclude Products Exclude Completed Operations				
<input type="checkbox"/> <b>Excess Liability</b> <input type="checkbox"/> Claims Made				

**LIMITATION OF COVERAGE FOR ADDITIONAL INSURED**  
Please see the attached Additional Insured Endorsement.

**DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
Coverage is limited to only insured activities or operations identified in the Policy. Fireworks Exhibitions - Per event day  
Additional Insured in regards to event on 10/27/22

**CERTIFICATE HOLDER**    
  **ADDITIONAL INSURED**    
  **LOSS PAYEE**

Hernando County School District  
  
919 North Broad Street  
Brooksville, FL 34601

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

# ADDITIONAL INSURED ENDORSEMENT

PAP-99-12

**This Endorsement changes the terms and conditions of the Coverage Contract issued. Please read it carefully!**

The following requirements govern coverage under the Policy and must be adhered to for coverage to be provided to the Insured under the Policy. No activities conducted by the Insured are covered under the Policy unless they are conducted in full compliance with all of the requirements specified below and in the Policy. The Insured must advise its employees, agents, contractors, and/or subcontractors of these requirements and ensure that they also abide by them for coverage to be provided. The Insured agrees and understands that any noncompliance with the following specified requirements and/or the terms and conditions set forth in the Policy will result in the denial of coverage under the Policy meaning the Insurer will not be obligated to indemnify or defend you.

Policy Number: SC22030856

Insured: Firepower Displays Unlimited Inc.

Effective Date of the Endorsement: 10/05/2022

**Additional Insured:** Hernando County School District  
919 North Broad Street  
Brooksville, FL 34601

The "Who is an Insured" provision of the Policy shall be amended to include the person or organization scheduled in this Endorsement as an Additional Insured for the limited purpose of liability arising from Your Work, as that term applies to the Named Insured only, and subject to all other terms and conditions of the Policy and this Endorsement.

The coverage provided by this Endorsement only extends to cover the Additional Insured for allegations of liability based upon alleged, actionable conduct of the Insured and only to the extent the Insured would have been liable and coverage would have been afforded to the Insured under the terms and conditions of this Policy had such Claim been made against the Insured. No coverage shall be provided for any liability arising out of the Additional Insured's own alleged conduct.

The Policy has been entered into in the State of Utah and any rights, remedies, or obligations provided for in the Policy shall be construed and enforced in accordance with the laws of the State of Utah. Furthermore, the Additional Insured understands and acknowledges that the Insurer conducts its business activities, including underwriting, risk management, and claims handling services, within the State of Utah and acknowledges that by entering into this policy of insurance, the Additional Insured is deemed to be transacting business within the State of Utah. Accordingly, the Additional Insured hereby understands and consents to the jurisdiction of the courts of the State of Utah and agrees that those courts shall be the exclusive forum to hear and decide disputes consisting of or relating to the Policy, including any insurance coverage issues and any payments due under the Policy.

The Additional Insured is subject to all of the terms, provisions, conditions, exclusions, definitions, limitations, representations, and Endorsements of the Policy issued to the Insured and all related documents providing coverage to the Insured. The failure of the Insured to adhere to any such provisions will also defeat coverage under the Policy for all Additional Insureds.

The Insurance afforded by the Policy to the Additional Insured(s) scheduled in this Endorsement as an Additional Insured, at the location scheduled in this Endorsement, for the limited purpose of liability arising from Your Work, as that term applies to the Insured only, and subject to all other terms and conditions of the Policy and this Endorsement is primary insurance. Any other insurance or self-insurance maintained by the Additional Insured(s) is excess of this insurance and shall not contribute to it.

Endorsement No.: 2 \_\_\_\_\_