

Let Freedom Ring 2020

Oregon School District

To whom it may concern,

The Let Freedom Ring Committee would like to use your property, The DLR grounds, as we have in the past years for fireworks spectator seating. We will continue to care for and clean up after the festival.

Any questions or comments please contact Kerry Hughes Fireworks Chairman at 815-721-7855

Thank you

Kerry Hughes  
412 N. McKendrie Ave.  
Mt. Morris, IL 61054

# **O S P E C T R U M**

**P Y R O T E C H N I C S**

## **PERMIT TO PROCESS AND DISPLAY FIREWORKS**

COUNTY: OGLE STATE: ILLINOIS

DATE: MARCH 16, 2020

Application having been made in accordance with the laws of the State of ILLINOIS

This permit is issued to Spectrum Pyrotechnic, Inc. / City of Mt. Morris

"Let Freedom Ring" Committee

Giving them the right to exhibit display fireworks on the 4<sup>th</sup> day of July, 2020

At 9:30 O'clock P.M. at 105 Brayton Road in said County, in connection with the Fourth of July  
Celebration.

Spectrum Pyrotechnics, Inc.  
W9285 State Road 16 and 60  
Reeseville, WI 53579

**SHERIFF OR CHIEF OF THE FIRE DEPARTMENT**

X



SIGNATURE OF OFFICER ISSUING PERMIT

SPECTRUM PYROTECHNICS, INCORPORATED  
W9285 STATE ROAD 16 AND 60 REESEVILLE, WI 53579  
PHONE: 920.927.5770  
WEBSITE: WWW.SPECTRUMPYROTECHNICS.COM



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2020

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</b> NAME: PHONE (A/C No. Ext): 216-658-7100 FAX (A/C No.): 216-658-7101 E-MAIL: ADDRESS: info@brittongallagher.com	
<b>INSURED</b> Spectrum Pyrotechnics Inc. W9285 Hwy 16 Reeseville WI 53579		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Everest Indemnity Insurance Co. NAIC # 10851 INSURER B : Maxum Indemnity Company 28743 INSURER C : LM Ins Corp INSURER D : Everest Denali Insurance Company INSURER E : INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: 616593950

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		SISML00441-191	6/24/2019	6/24/2020	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
D	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		SIBCA001111-191	6/24/2019	6/24/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$		EXC6028943	6/24/2019	6/24/2020	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCS-34S-509376-029 (IL)	6/30/2019	6/30/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS 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 (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.

Display Date: July 4, 2020

Location: Pinecrest Manor Mount Morris, IL 61054

Additional Insured: Mount Morris Let Freedom Ring Committee, Village of Mount Morris, Oregon School District, Pinecrest Manor

**CERTIFICATE HOLDER****CANCELLATION**

Mount Morris Let Freedom Ring Committee  
P.O. Box 95  
Mount Morris IL 61054

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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