

NYE COUNTY AGENDA INFORMATION FORM

Action
 Presentation
 Presentation & Action

| | | | |
|---|--|-----------------------|----------------------------|
| Department: Sheriff's Office | | Agenda Date: | |
| Category: Regular Agenda Item | | August 4, 2020 | |
| Contact: Janice Maurizio | | Phone: 775-751-4255 | Continued from meeting of: |
| Return to: Janice Maurizio | Location: Nye County Sheriff's Office | | Phone: |
| Action requested: (Include what, with whom, when, where, why, how much (\$) and terms) <p>Discussion and deliberation regarding a renewal of a Wholesale/Retail Fireworks permit for Outlaw Pyrotechnics Inc. located at 2280 W. Betty Ave., Pahrump, NV. Applicant – David Bernard.</p> | | | |
| Complete description of requested action: (Include, if applicable, background, impact, long-term commitment, existing county policy, future goals, obtained by competitive bid, accountability measures) <p>Mr. Bernard is requesting a renewal of their Wholesale/Retail Fireworks Permit for Outlaw Pyrotechnics Inc. located at 2280 W. Betty, Pahrump, NV. Applicant David Bernard</p> <p>This is a renewal of their annual permit. All paperwork and insurance are in order and all fees are paid.</p> <p>Any information provided after the agenda is published or during the meeting of the Commissioners will require you to provide 20 copies: one for each Commissioner, one for the Clerk, one for the District Attorney, one for the Public and two for the County Manager. Contracts or documents requiring signature must be submitted with three original copies.</p> | | | |
| Expenditure Impact by FY(s): (Provide detail on Financial Form) <p style="text-align: right;"><input type="checkbox"/> No financial impact</p> | | | |

Routing & Approval (Sign & Date)

| | | | |
|---------|------|--------------------|-------------|
| 1. Dept | Date | 6. | Date |
| 2. | Date | 7. HR | Date |
| 3. | Date | 8. Legal | Date N/A |
| 4. | Date | 9. Finance | Date N/A |
| 5. | Date | 10. County Manager | Date |

Place on Agenda

MG ITEM # 31



Schedule of Names Listed on Policy

1. Outlaw Pyrotechnics Inc

Schedule of Locations

2280 W Betty, Pahrump NV 89060 - Mailing Address

2280 W Betty, Pahrump NV 89060 - Location 1

All related premises and operations of the Named Insured as it pertains to Liability only

NOTE: Blanket Business Personal Property will not extend to any location not scheduled on this policy



SCOTTSDALE INSURANCE COMPANY¹

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

| | |
|--|--|
| | I hereby elect to purchase certified terrorism coverage for a premium of <u>\$105.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism as defined by the Act will also terminate. |
| | I hereby reject the purchase of certified terrorism coverage. |

Policyholder/Applicant's Signature

Outlaw Pyrotechnics, Inc
Named Insured/Firm

Print Name

Rnwl of CPS2850119
Policy Number, if available

Date

This is an illustration and provides only guideline information. Coverage will be determined solely by the provisions of the policy.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

04/09/2019

| | | | | | |
|--|--|--|-------------------------------------|--------------------------|------------------------|
| AGENCY Ryder-Rosacker-McCue & Huston 609 W. Koenig St. PO Box 1228 Grand Island NE 68802 | | CARRIER Hull & Company | NAIC CODE: | UNDERWRITER | UNDERWRITER OFF. |
| PHONE (A/C, No, Ext): (308) 382-2330 | | POLICIES OR PROGRAM REQUESTED | | | POLICY NUMBER |
| FAX (A/C, No): (308) 382-7109 | | INDICATE SECTIONS ATTACHED | | | EQUIPMENT FLOATER |
| E-MAIL ADDRESS: | | <input checked="" type="checkbox"/> PROPERTY | <input type="checkbox"/> | <input type="checkbox"/> | GARAGE AND DEALERS |
| CODE: SUB CODE: | | <input type="checkbox"/> GLASS AND SIGN | <input type="checkbox"/> | <input type="checkbox"/> | VEHICLE SCHEDULE |
| AGENCY CUSTOMER ID: 4910 | | <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BOILER & MACHINERY |
| | | <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME | <input type="checkbox"/> | <input type="checkbox"/> | WORKERS COMPENSATION |
| | | <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO | <input type="checkbox"/> | <input type="checkbox"/> | UMBRELLA |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | TRUCKERS/MOTOR CARRIER |

| | | | | | |
|---|---------------------------------------|--------------------------------|--|---|--------------|
| STATUS OF TRANSACTION | | PACKAGE POLICY INFORMATION | | | |
| <input checked="" type="checkbox"/> QUOTE | <input type="checkbox"/> ISSUE POLICY | <input type="checkbox"/> RENEW | ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. | | |
| BOUND (Give Date and/or Attach Copy): | | PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN |
| CHANGE | DATE | TIME | AM | DIRECT BILL | |
| CANCEL | | | PM | <input checked="" type="checkbox"/> AGENCY BILL | |
| | | 07/08/2019 | 07/08/2020 | | |

| | |
|---|--|
| APPLICANT INFORMATION | |
| NAME (First Named Insured & Other Named Insureds) Outlaw Pyrotechnics, Inc. | |
| MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 2280 W Betty Pahrump NV 89060 | |
| FEIN OR SOC SEC # (of First Named Insured): | PHONE (A/C, No, Ext): (775) 637-0655 |
| E-MAIL ADDRESS(ES): info@outlawpyro.com; pdk843@gmail.com | WEBSITE ADDRESS(ES): www.outlawpyro.com |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> CORPORATION |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> JOINT VENTURE |
| <input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG | <input type="checkbox"/> LLC |
| CR BUREAU NAME | ID NUMBER |
| NO. OF MEMBERS AND MANAGERS | DATE BUS STARTED 2004 |
| INSPECTION CONTACT: David or Kelly Bernard | ACCOUNTING RECORDS CONTACT: David or Kelly Bernard |
| PHONE (A/C, No, Ext): (775) 637-0655 | E-MAIL ADDRESS: info@outlawpyro.com |
| PHONE (A/C, No, Ext): (775) 637-0655 | E-MAIL ADDRESS: info@outlawpyro.com |

| PREMISES INFORMATION | | | | | | | | | | |
|----------------------|-------|------------------------------------|---|-----------------|----------|-------------|-----------------|------------|--|--|
| LOC # | BLD # | STREET, CITY, COUNTY, STATE, ZIP+4 | CITY LIMITS | INTEREST | YR BUILT | # EMPLOYEES | ANNUAL REVENUES | % OCCUPIED | | |
| 1 | | 2280 W Betty, Pahrump, NV 89060 | <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | OWNER TENANT | | | | | | |
| | | | <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | OWNER TENANT | | | | | | |

| | |
|---|--|
| NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) | |
| Class C (1.4G) retail and wholesale fireworks operation (No display shows - product demos only) | |
| Applicant is a member of PGI. | |

| GENERAL INFORMATION | | | |
|---|-------------------------------------|-------------------------------------|---|
| EXPLAIN ALL "YES" RESPONSES | YES | NO | EXPLAIN ALL "YES" RESPONSES |
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? | | <input checked="" type="checkbox"/> | 8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | <input checked="" type="checkbox"/> | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | <input checked="" type="checkbox"/> | | 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | <input checked="" type="checkbox"/> | | |
| 4. ANY CATASTROPHE EXPOSURE? | <input checked="" type="checkbox"/> | | 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? | | <input checked="" type="checkbox"/> | |
| 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO) | | <input checked="" type="checkbox"/> | 11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST: |
| 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | <input checked="" type="checkbox"/> | |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) | | | |
| REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required) | | | |
| 2.) Formal safety program utilized as per NFPA guidelines., 3.) and 4.) Class C (1.4G) fireworks only. | | | |
| ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, Insurance benefits may also be denied) | | | |
| THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. | | | |
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |

PRIOR CARRIER INFORMATION

| LINE | CATEGORY | SCOTTSDALE | | SCOTTSDALE | | SCOTTSDALE | | SCOTTSDALE | | SCOTTSDALE | | |
|------------------------------------|----------------------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|--|
| GENERAL COMMERCIAL LIABILITY | CARRIER | SCOTTSDALE | | SCOTTSDALE | | SCOTTSDALE | | SCOTTSDALE | | SCOTTSDALE | | |
| | POLICY NUMBER | CPS2860119 - PKG | | CPS2885741 - PKG | | CPS2607099 - PKG | | CPS2261884 - PKG | | CPS2034865 - PKG | | |
| | POLICY TYPE | CLAIMS MADE | OCCURRENCE | CLAIMS MADE | OCCURRENCE | CLAIMS MADE | OCCURRENCE | CLAIMS MADE | OCCURRENCE | CLAIMS MADE | OCCURRENCE | |
| | RETRO DATE | | | | | | | | | | | |
| | EFF-EXP DATE | 07/08/18 | 07/08/19 | 07/08/17 | | 07/08/16 | 07/08/17 | 07/08/15 | 07/08/16 | 07/08/14 | 07/08/15 | |
| | GENERAL AGGREGATE | | | | | | | | | | | |
| | PRODUCTS COMP OP AGGREGATE | | | | | | | | | | | |
| | PERSONAL & ADV INJ | | | | | | | | | | | |
| | EACH OCCURRENCE | | | | | | | | | | | |
| | FIRE DAMAGE | | | | | | | | | | | |
| | MEDICAL EXPENSE | | | | | | | | | | | |
| | BODILY INJURY | OCCURRENCE | | | | | | | | | | |
| | | AGGREGATE | | | | | | | | | | |
| | PROPERTY DAMAGE | OCCURRENCE | | | | | | | | | | |
| | | AGGREGATE | | | | | | | | | | |
| COMBINED SINGLE LIMIT | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | |
| AUTOMOBILITY | CARRIER | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | |
| | COMBINED SINGLE LIMIT | | | | | | | | | | | |
| | BODILY INJURY | EA PERSON | | | | | | | | | | |
| | | EA ACCIDENT | | | | | | | | | | |
| | PROPERTY DAMAGE | | | | | | | | | | | |
| | MODIFICATION FACTOR | | | | | | | | | | | |
| | TOTAL PREMIUM | | | | | | | | | | | |
| PROPERTY | CARRIER | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | |
| | BUILDING | AMT | | | | | | | | | | |
| | PERS PROP | AMT | | | | | | | | | | |
| | MODIFICATION FACTOR | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | |
| | CARRIER | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | |
| | LIMIT | | | | | | | | | | | |
| | MODIFICATION FACTOR | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | |

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

| DATE OF OCCURRENCE | LINE | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | CHK HERE IF NONE | SEE ATTACHED LOSS SUMMARY | CLAIM STATUS |
|--|------|---|---------------|-------------|-----------------|------------------|-------------------------------------|--------------|
| | | | | | | | X | OPEN/CLSD |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY | | | | | | | ATTACHMENTS | |
| | | | | | | | STATE SUPPLEMENT(S) (if applicable) | |

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Post this Permit in a Visible
Area at All Times



Post this Permit in a Visible
Area at All Times

NEVADA STATE FIRE MARSHAL Hazardous Materials Permit

PERMIT NUMBER

91424

OUTLAW PYRO(TECHNICS)

2280 WEST BETTY Ave
PAHRUMP, Nevada 89060

FDID NUMBER

13004



OUTLAW PYRO(TECHNICS)

2280 W w. Betty Ave Ave ,
PAHRUMP, Nevada 89060

2020

Expires February 28, 2021

Nevada State Fire
Marshal

THIS PERMIT DOES NOT MEET LOCAL FEE REQUIREMENTS * PLEASE KEEP PERMIT AVAILABLE ON SITE
CHANGES IN INFORMATION OR MATERIALS SHALL BE REPORTED WITHIN 90 DAYS