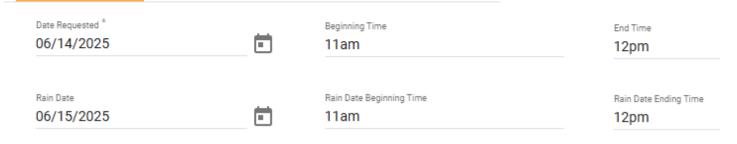
## Fire2025-0042 (11400 CENTER ST Wauwatosa, WI 53222)

Description

Salute to 2025 Graduates of East High School.

KH	Heus, Kevin Wauwatosa School Di ID-000008747	2
Public	S 🔇 Applicant 🔇	Ð
۲.,	Business Phone (414) 702-4801	
$\succ$	Email <u>heuske@wauwatosa.k12.wi.us</u> 😵	
9	Main address 12121 W North Ave Wauwatosa, WI 53226	

## **GENERAL INFO**





-Visit us at www.wolverinefireworks.com

Wauwatosa High School Graduation 6/13/2025 at approx. 730-800pm Product Used: 90-3" Salutes when the students toss grad hats in the air.

Wauwatosa High School Graduation 6/14/2025 at approx. 130-2pm Product Used: 90-3" Salutes when the students toss grad hats in the air.



ACOND	

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

								_	3/2	25/2025		
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).												
	Partners Group Ltd				NAME: Janet Nau							
111	1 Lake Washington Blvd N.				(A/C, No	o, Ext): 425-45		(A/C, No): 42	25-455	5-6727		
	te 400				ADDRESS: jnau@tpgrp.com							
Rer	nton WA 98056				INSURER(S) AFFORDING COVERAGE NAIO				NAIC #			
					INSURER A : Everest Indemnity Insurance Co					10851		
INSU				14347	<sup>7</sup> INSURER в : Everest Denali Insurance Company					16044		
	lverine Fireworks Display, Inc. West Seidlers Road				INSURER C : Arch Specialty Insurance Company 21199					21199		
Kav	vkawlin MI 48631				INSURE	RD:						
					INSURE	RE:						
					INSURE	RF:						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 1325621916				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	INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
А	GENERAL LIABILITY	Y		GC10010148251		2/1/2025	2/1/2026	DAMAGE TO RENTED	1,000,0			
	CLAIMS-MADE X OCCUR								Exclude			
									1,000,0			
									2,000,0			
	GEN'L AGGREGATE LIMIT APPLIES PER:								2,000,0			
								\$				
В				GCD0010062251		2/1/2025	2/1/2026	(Ea accident) \$1,000,000		00		
	ANY AUTO							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE				
	HIRED AUTOS							(Per accident)				
-								\$				
С	X UMBRELLA LIAB OCCUR			UXP104806303		2/1/2025	2/1/2026	EACH OCCURRENCE \$	4,000,0	00		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	4,000,0	00		
								WC STATU- OTH-				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT \$				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
С	Excess Liability - Occurrence			GC10010148251		2/1/2025	2/1/2026	Each Occurrence Aggregate	\$5,000, \$5,000,	000 000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)         The following are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured per form ECG 20592 0509 attached:         Display Date: 6/13/2025, 6/14/2025         Display Location: Wauwatosa West HS Grounds-11400 W Center St, Wauwatosa WI 53222         Additional Insured(s): Wauwatosa West High School, City of Wauwatosa												
000					C A 1/2							
UEF					CANC	ELLATION						
Wauwatosa West High School 11400 W. Center St.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Wauwatosa WI 53222						AUTHORIZED REPRESENTATIVE						
						© 19	88-2010 AC	ORD CORPORATION. AI	l righ	ts reserved.		

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