



March 18, 2016

City Council Commissioners  
City of Cambridge  
307 Gay Street  
P.O. Box 255  
Cambridge, MD 21613

Permission for fireworks:

1. Name and address of the individuals/organization/business making the request;  
Kimberly Seward, Hyatt Regency Chesapeake Bay 100 Heron Blvd. Cambridge, MD
2. Name, address and phone number of the contact person responsible for the event;  
Vincent DiGiorgio, Pres. LLC PO Box 223 Kensington, MD 20895 301-987-0511
3. Exact location of where the discharge of fireworks or firearms shall take place;  
Breakwater Pier, Hyatt Regency Chesapeake Bay
4. The purpose of the proposed discharge/event;  
Entertainment
5. Satisfactory evidence of insurance coverage which confirms insurance coverage for the proposed use in an amount acceptable to the City; (attached)
6. Name of the fireworks vendor/supplier for the event;  
Digital Lightning, LLC PO Box 223 Kensington, MD 20895 301-987-0511

The event will take place Saturday, June 25, 2016, somewhere between 7:30pm – 9:00pm, for approximately 8 minutes.

As time approach, we will notify the public through the local newspaper.

Thank you in advance for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "B/DH", enclosed in a circular scribble.

Brenda D. Henry  
Executive Assistant to the GM

# CERTIFICATE OF INSURANCE

ISSUE DATE 3/17/2016

**PRODUCER**  
 PROFESSIONAL PROGRAM INSURANCE BROKERAGE  
 371 BEL MARIN KEYS BLVD., SUITE 220  
 NOVATO CA, 94949-5662

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

**INSURER(S) AFFORDING COVERAGE**

**INSURER A:** LLOYD'S OF LONDON

**INSURED**  
 Digital Lightning, LLC  
 P.O. Box 223  
 Kensington, MD 20895

**INSURER B:**

**INSURER C:**

**INSURER D:**

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NAMED INSURED ABOVE FOR THE 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY CLAIMS MADE  GEN'L AGGREGATE LIMIT APPLIES PER POLICY	PY/15-0056	05/01/2015	05/01/2016	EACH ACCIDENT	\$ 5,000,000
					MEDICAL EXP (Any one person)	\$
					FIRE LEGAL LIABILITY	\$ 50,000
					GENERAL AGGREGATE	\$ 5,000,000
					PRODUCTS-COMP/OPS AGG	\$
	AUTOMOBILE LIABILITY — ANY AUTO — ANY OWNED AUTOS — SCHEDULED AUTOS — HIRED AUTOS — NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
						\$
	EXCESS LIABILITY FOLLOWING FORM				EACH ACCIDENT	\$
					AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER \$
					E.L.EACH ACCIDENT	\$
					E.L. DISEASE-EA EMPLOYEE	\$
					E.L. DISEASE-POLICY LIMIT	\$
	OTHER					

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

Certificate of insurance is issued as proof of insurance only. Certificate with proper additional insured and certificate holder wording to be issued once policy is renewed on 5/1/2016, for event on 6/25/2016 at the Hyatt Regency Chesapeake Bay Resort.

**CERTIFICATE HOLDER**

Proof of Insurance Only

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

**AUTHORIZED REPRESENTATIVE**

