

Fireworks Displays – 2015 Bicentennial Celebration City of Mason

Lieutenant Tom Wentzel 5950 Mason Montgomery Road Mason, OH 45040

Dear Lieutenant Wentzel,

Thank you for allowing Rozzi to provide a competitive bid for your 2015 Bicentennial fireworks displays. Rozzi is a 75% woman owned (PEP certification in process) Ohio Corporation with Ohio based employees, which has been in operation for over 120 years providing world class firework displays.

Rozzi is a full service fireworks company and have successfully executed countless fireworks displays of this magnitude over our history. Rozzi has a full time staff of 11 individuals with a pool of 400 seasonal licensed and trained exhibitors and assistants to allow us to execute roughly 300 displays per year. What separates us from our competitors is our impeccable safety record as well as our artistic touch in creating a fireworks display. When you see a Rozzi display it is truly a show to remember.

We are proposing a four event combined program for the City of Mason. The displays will be scheduled, as stated in the request on the following dates: 5/16/15, 7/4/15, 9/18/15, and 9/19/15. Please see the following pages for a detailed proposal of each display.

Rozzi takes its legal obligations seriously, and as brought up in the request, we will follow all legal requirements outlined in the request as well as all others that come into effect during our preparation and execution of these displays.

Rozzi currently holds and plans to maintain \$10,000,000 of general liability insurance coverage (Everest National Insurance Company, Rated A+ XV). Rozzi has and will maintain relevant workers compensation coverage. Rozzi is an Equal Opportunity Employer.

Thank you again for the opportunity to bid this project and we look forward to working with you.

Sincerely

Nancy Rozzi President

P.O. Box 5 Loveland, OH, U.S.A. 45140

P: 513.683.0620 F: 513.683.2043



Show Design and Set-Up

Rozzi's in house display choreographers will design a one of a kind display for each of your events, taking into account the soundtrack, venue and audience to ensure the best possible presentation of each display. All 4 displays will be shot electronically using the FireOne computer firing system. In addition, the September 19th display will be choreographed to music. Our choreographed displays are designed using Finale Fireworks design software. Our design and firing software/hardware are state of the art and the most reliable in the industry. All displays will be shot from above ground mortar racks.

Based on the available show sites we have listed below what we feel would be the best location for each display. All quantities and sizes are based on what we feel would present the best display for each event. We would suggest a product demo at each site to ensure all sizes suggested would be viewable from the event spaces.

Display shells listed below include but are not limited to the following:

Assorted color peonies with tails, red to white flashing, red to crackling, golden peony with blue pistil, half red and half blue, dahlia, cluster of bees, yellow cascade, thousand assorted color, smiley face, green plume, diadem chrysanthemum with silver bees, popping brocade, three color changing with rising tail, silver crown with pistil, color palm trees, gold comet, silver comets, mosaic, farfalla with gold flitter pistil, willow with green leaves, star patterns, color crossettes, color strobe, double breaks, sky mines, magnesium color comets with strobe pistil, glitter blast, brite comets, firefly, go-getters, *custom patterns and letters*.

2015 Display Program:

1. Salute to Veterans / Patriotic Theme:

May 16, 2015: 6:00 p.m. approximate time

Site Location: South lawn of the Mason Municipal Building

Display Duration: 30 Seconds with a value of \$3,000, The City of Mason will not be charged

for this event

Summary of Display:

This display will be completely comprised of 2.5" and 3" finale chains. And will be set up in 3 locations (left, middle and right: the full display site will cover a total of 50 feet). Color display shells will be shot in sets of 12 shells at a time from the left and right positions while sets of 12 salutes will be fired from the middle. This section of the display will last approximately 15 seconds and will give way to the final 15 seconds of all salutes (noise) being shot from the left and right positions.

Item Totals:

72 2.5" Assorted Color Peony Finale Shells

72 3" Assorted Color Peony Finale Shells

120 2.5" Titanium Salute Finale Shells

72 3" Titanium Salute Finale Shells



2. Community Unity Days / Patriotic Theme:

July 4, 2015: 10:00 p.m. approximate time Site Location; Heritage Oak Park

Summary of Display:

Due to the distance between the display site and the event space this display will include shell sizes ranging from 4" to 6" with 3" salutes (noise) during the finale only. By removing 3" display shells from the body and finale of the show we will ensure the best presentation to the event space. The display site will be separated into 3 positions (left, middle, and right). 4" shells will be shot 2 at a time from the left and right positions with 5" and 6" being shot mainly from the middle site. This configuration will allow us to layer different items on top of each other and mix effects throughout the display. The quantities suggested for this display will allow for 2 to 3 items to be shot at a time, which will add to the depth of the presentation. Finale will last approximately 45-60 seconds with no gaps.

10 minute duration with a value of \$9,800

Item Totals:

4" Display Shells5" Display Shells6" Display Shells

Grand Finale:

3" Titanium Salute Finale Shells
4" Assorted Color Peony Finale Shells
5" Assorted Color Peony Finale Shells
6" Assorted Color Peony Finale Shells

20 minute Duration with a value of \$19,800

Item Totals:

300 4" Display Shells250 5" Display Shells150 6" Display Shells

Grand Finale:

3" Titanium Salute Finale Shells
4" Assorted Color Peony Finale Shells
5" Assorted Color Peony Finale Shells
6" Assorted Color Peony Finale Shells



3. Bicentennial Birthday Party Kickoff:

September 18, 2015: Following Mason High School Football Game and Band

Site Location: Mason Intermediate School 10 minute duration with a value of \$9,700

Summary of Display:

Based on the 3 possible sites for this display we feel that the Mason Intermediate School would be the best location. This is based on a couple of factors, one being it is physically closer to the event space, the other being that the obstructions are not as high and further away from the event space. This will better ensure that the show is visible to all areas of the event space. The display site will be separated into 3 positions (left, middle, and right). 3" shells will be shot from all three positions with a maximum of 3 shells at a time. 4" shells will be shot 2 at a time from the left and right positions with 5" and 6" being shot mainly from the middle site. This configuration will not only keep us within our safety distance but will allow us to layer different items on top of each other and mix effects throughout the display. The quantities suggested for this display will allow for 2 to 6 items to be shot at a time, which will add to the depth of the presentation. Finale will last approximately 45-60 seconds with no gaps.

Item Totals:

144	3" Display Shells
150	4" Display Shells
125	5" Display Shells
75	6" Display Shells

Grand Finale:

216	3" Assorted Color Peony Finale Shells
144	3" Titanium Salute Finale Shells
60	4" Assorted Color Peony Finale Shells
20	5" Assorted Color Peony Finale Shells
12	6" Assorted Color Peony Finale Shells



3. Bicentennial Birthday Party Kickoff:

September 18, 2015: Following Mason High School Football Game and Band

Site Location: Mason Intermediate School 20 minute Duration with a value of \$19,500

Summary of Display:

Based on the 3 possible sites for this display we feel that the Mason Intermediate School would be the best location. This is based on a couple of factors, one being it is physically closer to the event space, the other being that the obstructions are not as high and further away from the event space. This will better ensure that the show is visible to all areas of the event space. The display site will be separated into 3 positions (left, middle, and right). 3" shells will be shot from all three positions with a maximum of 3 shells at a time. 4" shells will be shot 2 at a time from the left and right positions with 5" and 6" being shot mainly from the middle site. This configuration will not only keep us within our safety distance but will allow us to layer different items on top of each other and mix effects throughout the display. The quantities suggested for this display will allow for 2 to 6 items to be shot at a time, which will add to the depth of the presentation. Finale will last approximately 60 seconds with no gaps.

Item Totals:

288	3" Display Shells
250	4" Display Shells
200	5" Display Shells
100	6" Display Shells

Grand Finale:

3" Assorted Color Peony Finale Shells
3" Titanium Salute Finale Shells
4" Assorted Color Peony Finale Shells
5" Assorted Color Peony Finale Shells
6" Assorted Color Peony Finale Shells



4. Bicentennial Birthday Party:

September 19, 2015: 10 p.m. approximate time Site Location: Mason Intermediate School

Summary of Display:

Based on the 3 possible sites for this display we feel that the Mason Intermediate School would be the best location. This is based on a couple of factors, one being it is physically closer to the event space, the other being that the obstructions are not as high and further away from the event space. This will better ensure that the show is visible to all areas of the event space. The display site will be separated into 5 positions. The full discharge site will be about 300' wide. By having a wide site with multiple firing positions we are able to execute a greater number of firing patterns and effects, which will keep the display from becoming repetitious. The quantities suggested for this display will allow for 2 to 6 items to be shot at a time, which will add to the depth of the presentation. Finale will last approximately 60-120 seconds with no gaps.

25 minute duration choreographed to music with a value of \$32,500

Item Totals:

288	3" Display Shells
500	4" Display Shells
250	5" Display Shells
175	6" Display Shells

Grand Finale:

600	3" Assorted Color Peony Finale Shells
480	3" Titanium Salute Finale Shells
210	4" Assorted Color Peony Finale Shells
100	5" Assorted Color Peony Finale Shells
60	6" Assorted Color Peony Finale Shells



Postponement and Cancellation Fees

If any of the events are postponed to a rain date the following additional charges may apply:

If an event is moved to a rain date prior to the start of set-up, Buyer will not be charged a fee.

If the event is moved to a rain date after set up has begun and equipment is allowed to remain in place Buyer will pay Rozzi 10% of contract price to cover the cost of Labor, Security and transportation.

If the equipment is to be disassembled and returned on the rain date, Buyer will pay Rozzi 20% of the contract price to cover the cost of Labor and transportation.

Should any event be canceled and no rain date set by the parties, the Buyer shall pay Rozzi 45% of the Contract Price to cover the costs associated with the preproduction of the cancelled event.

All above prices include the following:

Soundtrack Production:

Rozzi's in house production staff will produce a soundtrack for each

show based on the themes provided by the Client.

Choreography:

Rozzi's award winning choreographers will design signature one of a

kind displays for each event.

Labor:

- All display operators and assistants with Rozzi's are required to be properly licensed and receive training on an annual basis.
- Additional labor services include; site surveys, set up, tear down, clean up, security and post display inspection to retrieve any unfired material.

Insurance:

Rozzi's standard insurance packages include:

- Personal injury and property damage in the amount of \$10,000,000.
- Product liability in the amount of \$10,000,000.
- Workman's compensation
- Vehicle coverage in the amount of \$10,000,000.



Transportation:

Fireworks are classified as a hazardous material by the Department of Transportation and are subjected to the following regulations:

- Training for employees who handle fireworks at our plant.
- Packaging must meet DOT requirements and are subject to testing and certification every three years.
- Drivers of hazardous materials must carry a commercial driver's license and are subjected to random drug and alcohol testing.
 Typically the driver is also the lead pyrotechnician.

Administrative:

Permit acquisition:

 Rozzi's will acquire the permit through the authority having jurisdiction and provide documentation as required.

Product preparation:

 Before any fireworks material leaves our facility, it is tested and inspected for defects to ensure that it meets our high quality standards.

Please feel free to contact me if you have any questions.

Sincerely,

Michael Lutz

O: 513-683-0620 C: 646-262-0791

Email: Michael@rozzifireworks.com Website: www.rozzifireworks.com



Key Personnel

Michael (Rozzi) Lutz - Rozzi's Famous Fireworks - 1998-2001, 2012-Present

Vice President, Board Member, Show Designer, Soundtrack Producer

- -Ohio Licensed Fireworks Exhibitor, Member of the American Pyrotechnics Association
 - Experienced designer in both Fire One Scriptmaker and Finale Fireworks visual simulation design software
 - Designed 34 pyro-musical displays during 2014, ranging in length from 5 minutes to 30 minutes
 - Designed the 2014 display for Fire Up The Night: International Fireworks Competition
 - Designer and Soundtrack Producer of the 2015 Rozzi Co., Inc. Display for the L'International Des Feux Loto-Quebec, Montreal Internatinal Fireworks Competition
 - Soundtrack Producer 2013-2014
 - · Proficient in multiple audio and video editing programs
 - Produced 50 individual soundtracks for various pyro-musical displays during 2014, ranging in length from 5 minutes to 30 minutes

2002-2012 - Investment Banker - New York -Royal Bank of Canada, JP Morgan and Bear Stearns

Michael Murtland - Rozzi's Famous Fireworks - 2007-Present

Lead Technichian,

-Ohio Licensed Fireworks Exhibitor

Licensed Exhibitor for roughly 75 displays per year - 20 of which are computer fired and synced to music

 Lead Exhibitor for the following displays: Cincinnati Reds, City of Kettering, Wright Patterson Air Force Base, University of Cincinnati, Xavier University, Riverfest, Macy's.

Director of Factory Operations

- Overseas show packing and shipping
- o Inventory management
- o Manages factory compliance for various regulatory agencies

EXHIBIT A - LETTER OF TRANSMITTAL

The undersigned hereby certifies that items furnished as a result of this proposal will be in full accordance with the City of Mason's specifications applying thereto unless exceptions are stated above.

The Proposer's name and address exactly as it would appear in a contract:			
Entity Name: THE ROZZI CO INC. / ROZZIŚ FAMOUS FIREWORKS			
Street Address: 118 KARL BROWN WAY			
City, State, Zip: LOYCLAND, OH 45140			
Proposer's Phone Number: 513-683-0620			
Proposer's Fax Number: 513-683-2043			
Proposer's E-mail Address: MICHAEL (Prozzifireworks, com			
Form of Ownership			
If a corporation, state of incorporation:			
Federal Identification Number (or SSN if sole proprietorship): 31 - 1314942			
Please include your IRS Form W9 with your proposal.			
SIGNATURE: MICHAEZ LUTZ / VICE PROSIDEM			
By signing this page, you state that you are an authorized representative, and have reviewed and are presenting this proposal on behalf of your business entity. Please continue completing this exhibit on the next page.			

EXHIBIT A – LETTER OF TRANSMITTAL (continued)

COMPANY PROFILE AND BACKGROUND

Name of Proposing Company:	THE ROZZI Co., IN	INC. / ROZZI'S FAMOUS FIRCHORKS	
Company's Primary Business - State the proposer's primary business, the number of years in the industry, and the number of employees assigned to these related activities:			
Primary Business	# of Years # of Employees Assigned		
FIREWORKS DISPLAY (O.	120	11 FULL TIME 400 STASDINA	
If a corporation, state of incorporation	n: OHIO	1	
Municipalities and Government Ager and Governmental Agencies:	se provide any and all ncies; including, but not	I suits either with the City of Mason or any other limited to Federal, State, Local or other Municipalities	
N/A - NONE			
City of Mason Office			
Federal Identification Number (or SS	N if sole proprietorship):	31-1314942	

Key Personnel:

Name	Title	Contact Information: Mailing address, telephone number, fax number and email address
MANCY ROZZI MICHAEZ LOSZ MICHAEZ MURTLAND	PRESIDENT VICE PREGIDENT LEAD TECHNICIAN	118 KARL BROWN WAY LOVIZAND, OH 45140 513-683-6620 (P) 513-683-2043 (f) NANCY @ ROZZI FIREWARKS. COM MICHAEL @ ROZZI FIREWARKS. COM MURTLAND @ POZZI FIREWARKS. COM



EXHIBIT B – REFERENCES FOR PROPOSING COMPANY

Name of Proposing Company:	THE ROZZI CO., LUC. / ROZZI'S FAMOUS FIREWORKS		
List Company names, addresses, and telephone numbers for at least three references presently or previously served by your Company. Do not use the City of Mason as a reference.			
Company Name: Address: Contact Person:	CITY OF KETTERING, OHID 2900 GLENGARRY DRIVE, KETTERING, OH 45420 KELSTY COPPER		
Telephone Number:	937 - 296 2587 Fax Number: 937 - 296 - 3297		
Email Address:	KELSEY, COPPER @ KETTERINGOH. ORG		
Company Name:	WRIGHT PATTERSON AIR FORCE BASE		
Address:	2000 ALBROOK DR. WPAFB, OH 45433		
Contact Person:	BRIAN BLANKENSHIP		
Telephone Number:	937 - 902 - 1150 Fax Number:		
Email Address:	BRIAN. BLANKENSHIP @ 125. AF, MIL		
Company Name:	CLEAR CHANNA / WORK		
Address:	8044 MONTGOMORY ROAD, SUITE 650, CINCHINATI, OH 45236		
Contact Person:	BOYY MONTGOMORY ROAD, SUITE 650, CINCHINATI, OH 45236		
Telephone Number:	513 686 - 8590 Fax Number:		
Email Address:	JUSTINTARAS @IHEART MEDIA. COM		

EXHIBIT C - PRICING STRUCTURE

Company Name: THE ROZZI CO, INC. / ROZZI'S FAMOUS FIRCLOPKS

THE REQUESTED BREAKDOWN OF ITEMIZED COSTS SHALL INCLUDE LABOR, MATERIALS, AND OTHER WORK AS REQUIRED. PROPOSAL PRICING SHALL BE LISTED ON THE PRICING SHEET BELOW. TOTAL COST NOT TO EXCEED PRICE LISED BELOW. TO INCLUDE BUT NOT LIMITED TO THE COST OF FIREWORKS, SET-UP, LABOR, ALL ASSOCIATED INSURANCE REQUIREMENTS AND RELATED ITEMS

Date	te Length of Fireworks Display Preferred	
May 16, 2015	30 second Display w/ sound effects	\$
July 4, 2015	10 minute Display	\$ 9,800
	20 minute Display	\$ 19,800
September 18, 2015	10 minute Display	\$ 9,700
	20 minute Display	\$ 19,500
September 19, 2015	30-35 minute Display with Music	\$ 32,500

Total Package to Include All Fireworks Displays

Price

\$ 52,000-71,800





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/30/2015

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).

certificate holder in lieu of suc			roo not comor n	giito to tilo
PRODUCER		CONTACT NAME:		
Britton Gallagher	•	PHONE (A/C, No. Ext):216-658-7100	FAX (A/C, No):216-658	8-7101
One Cleveland Center, Floor 30 1375 East 9th Street		E-MAIL ADDRESS:		2.101
Cleveland OH 44114		INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A: Maxum Indemnity Company		26743
INSURED		INSURER B : Everest Indemnity Insurance Co.	1	10851
The Rozzi Company, Inc.		INSURER C : Everest National Insurance Company		10120
118 Karl Brown Way Loveland OH 45140		INSURER D:		
Loveland OTT 45140		INSURER E:		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER: 717450496	REVISION NUM		
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.				

ADDL SUBR INSR WVD POLICY EXP POLICY EFF (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** LIMITS GENERAL LIABILITY SI8ML00115-151 3/25/2015 b/25/2016 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY \$500,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000

GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$2,000,000 POLICY X PRO-\$ OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 3/25/2015 SI8CA00057-151 3/25/2016 \$1,000,000 BODILY INJURY (Per person) ANY AUTO \$ ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS \$ UMBRELLA LIAB EXC6018594 3/25/2015 3/25/2016 OCCUR **EACH OCCURRENCE** \$9,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$9,000,000 DED RETENTION \$
WORKERS COMPENSATION SI8ML00115-151 3/25/2015 3/25/2016 TORY LIMITS X **Employers Liab** AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT \$1,000,000 NIA E.L. DISEASE - EA EMPLOYER \$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)

Date of Display: May 16th, July 4th, September 18th, September 19, 2015

Additional Insured: City of Mason, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees, or volunteers shall be excess of the Firm's insurance and shall not contribute with it. City of Mason School district. Mason Municipal Center Campus; Mason Downtown Plaza.

CERTIFICATE HOLDER	CANCELLATION
City of Mason 6000 Mason Montgomery Rd	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Mason OH 45040	AUTHORIZED REPRESENTATIVE
	Mark Lo Line

© 1988-2010 ACORD CORPORATION. All rights reserved.

Commercial General Liability

Policy Number: SI8ML00115-151

Policy Effective: 3/25/2015

Company: Everest Indemnity Insurance Company

Named Insured: The Rozzi Company, Inc.

HOLD HARMLESS INSURANCE

HOLD IMPLIBATION
It is agreed that within the Limits, Terms and Conditions set forth in the policy, the Company will defend, indemnify and hold harmless:
Page 1: The City of Mason, its officers, employees, agents,& volunteers
against any and all liability,claims,losses, damages,or expenses,
including reasonable attorneys fees, arising from all acts or omissions to act
from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed against or from:
The Rozzi Company Inc and Rozzis' Famous Fireworks
by reason of any damage to property or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises by the negligence of:
The Rozzi Company, Inc.
or by their agents, servants, and employees while acting in the course and scope of their employment.
Randi J. Divitable
Authorized Representative Signature

Commercial General Liability

Policy Number: SI8ML00115-151

Policy Effective: 3/25/2015

Company: Everest Indemnity Insurance Company Named Insured: The Rozzi Company, Inc.

HOLD HARMLESS INSURANCE

It is agreed that within the Limits, Terms and Conditions set forth in the policy, the Company will defend, indemnify and hold harmless:							
Page 2:of Contractor or its officers, agents, or employees in rendering							
services under this contract;excluding, however, such liability, claims, losses							
damages, or expenses arising from City's sole negligence or willful acts.							
from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed against or from:							
The Rozzi Company Inc and Rozzis' Famous Fireworks							
by reason of any damage to property or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises by the negligence of:							
The Rozzi Company, Inc.							
or by their agents, servants, and employees while acting in the course and scope of their employment.							
Rangli L. Dwitater							
Authorized Representative Signature							

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
ANY PERSON OR LEGAL ENTITY IN WHICH YOU HAVE A WRITTEN CONTRACT, AGREEMENT, OR PERMIT WHICH REQUIRES THAT YOU NAME THE CONTRACTING PARTY AS AN ADDITIONAL INSURED.
City of Mason, its officers, officials, employees, and volunteers Mason City Schools
Information required to complete this Schedule, if not shown above, will be shown in the Declarations

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations;
 - In connection with your premises owned by or rented to you.
- B. The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.

- C. The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
 - The Limits of Insurance required by the written agreement between the parties; or
 - 2. The Limits of Insurance provided by this Coverage Part.
- D. With respect to the insurance afforded to an additional insured, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/30/2015

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).

CONTINUATO HONDON IN HOD OF SI	don chaorsement(s).									
PRODUCER		CONTACT NAME:								
Britton Gallagher One Cleveland Center, Floor	30	PHONE [A/C, No, Ext):216-658-7100 FAX (A/C, No):2								
1375 East 9th Street		E-MAIL ADDRESS:								
Cleveland OH 44114		INSURER(S) AFFORDING COVE	RAGE	NAIC#						
		INSURER A : Maxum Indemnity Company								
INSURED		INSURER B : Everest Indemnity Insurance	Co.	10851						
The Rozzi Company, Inc.		INSURER C : Everest National Insurance C	ompany	10120						
118 Karl Brown Way Loveland OH 45140		INSURER D:	PERFORM CONCORDED							
Loveland Off 43140		INSURER E:								
		INSURER F:								
COVERAGES	CERTIFICATE NUMBER: 17/11/5006	7 REVISION	J NIIMBER:							

-				INSURE							
L	INSURER F:										
	COVERAGES CERTIFICATE NUMBER: 1741459967 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.										
INS	R TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
В	GENERAL LIABILITY	Y		SI8ML00115-151		3/25/2015	3/25/2016	EACH OCCURRENCE	\$1,000,	000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000		
	CLAIMS-MADE X OCCUR				1			MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$1,000,0	000	
1								GENERAL AGGREGATE	\$2,000,0	000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$2,000,0	000	
	POLICY X PRO- JECT LOC								\$		
С	AUTOMOBILE LIABILITY	Y		SI8CA00057-151	İ	3/25/2015	3/25/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,0	000	
	X ANY AUTO SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ļ.,							\$		
Α	UMBRELLA LIAB X OCCUR	Y		EXC6018594	3	3/25/2015	3/25/2016	EACH OCCURRENCE	\$9,000,0	000	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$9,000,0	000	
В	DED RETENTION \$ WORKERS COMPENSATION	-		CIONI DOMAS ASA		10510015	h/05/00/0	I WC STATU I IOTH	\$		
AND EMPLOYERS' LIABILITY Y/N			SI8ML00115-151		3/25/2015	3/25/2016	WC STATU- TORY LIMITS X OTH- ER	Employ	yers Liab		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$1,000,0			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
_	DÉSCRIPTION OF OPERATIONS below	1			-			E.L. DISEASE - POLICY LIMIT	\$1,000,0	000	
								5			
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	Attach .	I ACORD 101, Additional Remarks S	Schedule,	if more space is	required)				
Date: May 16th, July 4th, September 18th, September 19th, 2015 Additional Insured:: City of Mason, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees, or volunteers shall be excess of the Firm's insurance and shall not contribute with it. City of Mason School district.											
CE	RTIFICATE HOLDER				CANC	ELLATION					
Mason City Schools 211 E St					ACC	EXPIRATION ORDANCE WI	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			
	Mason OH 45040				AUTHOR	IZED REPRESE	NTATIVE				
	May De Lotter										

Commercial General Liability

Policy Number: SI8ML00115-151

Policy Effective: 3/25/2015

Authorized Representative Signature

Company: Everest Indemnity Insurance Company Named Insured: The Rozzi Company, Inc.

HOLD HARMLESS INSURANCE
It is agreed that within the Limits, Terms and Conditions set forth in the policy, the Company will defend, indemnify and hold harmless:
Page 1: The City of Mason, its officers, employees, agents,& volunteers
against any and all liability,claims,losses, damages,or expenses,
including reasonable attorneys fees, arising from all acts or omissions to act
from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed against or from:
The Rozzi Company Inc and Rozzis' Famous Fireworks
by reason of any damage to property or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises by the negligence of: The Rozzi Company, Inc.
The Nozzi Company, inc.
or by their agents, servants, and employees while acting in the course and scope of their employment.
Rayoli L. Dwitater

Commercial General Liability

Policy Number: SI8ML00115-151

Policy Effective: 3/25/2015

Company: Everest Indemnity Insurance Company Named Insured: The Rozzi Company, Inc.

HOLD HARMLESS INSURANCE					
It is agreed that within the Limits, Terms and Conditions set forth in the policy, the Company will defend, indemnify and hold harmless:					
Page 2:of Contractor or its officers, agents, or employees in rendering					
services under this contract; excluding, however, such liability, claims, losses	1				
damages, or expenses arising from City's sole negligence or willful acts.					
from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed against or from:					
The Rozzi Company Inc and Rozzis' Famous Fireworks					
	-				
by reason of any damage to property or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises by the negligence of:					
The Rozzi Company, Inc.					
	0				
or by their agents, servants, and employees while acting in the course and scope of the employment.	ir				
Randi L. Duritates					
Authorized Representative Signature					

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
ANY PERSON OR LEGAL ENTITY IN WHICH YOU HAVE A WRITTEN CONTRACT, AGREEMENT, OR PERMIT WHICH REQUIRES THAT YOU NAME THE CONTRACTING PARTY AS AN ADDITIONAL INSURED.
City of Mason, its officers, officials, employees, and volunteers Mason City Schools
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - In connection with your premises owned by or rented to you.
- B. The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.

- **C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
 - 1. The Limits of Insurance required by the written agreement between the parties; or
 - 2. The Limits of Insurance provided by this Coverage Part.
- D. With respect to the insurance afforded to an additional insured, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.

(Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; d	o not leave this line blank.													
	Rozzi Inc														
2 Business name/disregarded entity name, if different from above															
age															
g	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:									4 Exemptions (codes apply only to					
S	☐ Individual/sole proprietor or ☐ C Corporation ☑ S Corporati	rust/estate certain entities, not individuals; see instructions on page 3):								s, see					
ype	single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=			Exempt payee code (if any)											
or t	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line a							e above for Exemption from FATCA reporting							
the tax classification of the single-member owner.						2000	code (if any)								
☐ Other (see instructions) ►							(Applies to accounts maintained outside the U.S.)								
ecif	5 Address (number, street, and apt. or suite no.)	3	Request	ster's name and address (optional)											
Spe	118 Karl Brown Way 6 City, state, and ZIP code			of Mason											
See				Mason Montgomery Rd.											
0)	Loveland, OH 45140 7 List account number(s) here (optional)		Mason	on , OH 45040											
	7 List account number(s) here (optional)														
Par	Taxpayer Identification Number (TIN)														
20.00	your TIN in the appropriate box. The TIN provided must match the nan	ne given on line 1 to avo	id T	Soc	cial s	ecurit	v nu	ımber							
	p withholding. For individuals, this is generally your social security nun						Γ	1	1 1		Т	$\neg \neg$			
resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other															
entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3. or															
i J					ploye	oyer identification number									
guidelines on whose number to enter.		, .o. [T		Γ.		ī	Ħ				
				3	1	-	1	3 1	4	9	4	2			
Part	Certification														
Under	penalties of perjury, I certify that:														
1. The	e number shown on this form is my correct taxpayer identification num	ber (or I am waiting for a	a numbe	er to	be i	issue	d to	me); a	and						
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and															
	n a U.S. citizen or other U.S. person (defined below); and														
	FATCA code(s) entered on this form (if any) indicating that I am exempton		T												
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and															
	ally, payments other than interest and dividends, you are not required to	to sign the certification,	but you	mu	ist pr	ovide	yo	ur corr	ect	iliv. S	ee t	ne			
Sign			-	1			1	2			_				
Here	U.S. person > // any M Kay.	Dat	te ► /	M	a	n	<u>u</u>	3/	<u>, d</u>	01	U				
Gen	eral Instructions	 Form 1098 (home more (tuition) 	tgage int	eres	t), 10	98-E (stuc	lent loa	n inte	rest),	1098	3-T			
	references are to the Internal Revenue Code unless otherwise noted.	• Form 1099-C (cancele	d debt)												
	developments. Information about developments affecting Form W-9 (such slation enacted after we release it) is at www.irs.gov/fw9.	 Form 1099-A (acquisiti 	ion or ab	and	onme	nt of s	ecu	red pro	perty)					
	ose of Form	Use Form W-9 only if provide your correct TIN		U.5	S. per	son (ir	clu	ding a r	eside	nt alie	n), to)			

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- · Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- . Form 1099-B (stock or mutual fund sales and certain other transactions by
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

AFFIDAVIT

The Undersigned states as follows:

The Rozzi Company Inc. nor agent thereof, nor any other party of the proposer has paid or agreed to pay directly or indirectly, any person, firm or corporation, any money or valuable consideration for assistance in procuring or attempting to procure the contract herein referred to, and further agreeing that no such money or reward will thereafter be paid.

Ohio Charter number for The Rozzi Company Inc. is 757772

Further your affiant sayeth naught

Sworn to before me and subscribed in my presence by Nancy/M Rozzi, the affiant

herein, this 3 day of March 2015.

製工機がたい。

GAIL BUNNELL Notary Public, State of Ohio My Commission Expires March 3, 2018 Notary Public