

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/10/2026

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 have ADDITIONAL INSURED provisions or 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).

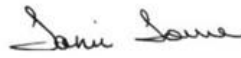
PRODUCER Ryder, Rosacker, McCue & Huston 509 W Koenig St Grand Island NE 68801	CONTACT NAME: _____ PHONE (A/C No. Ext): 800-658-4200	FAX (A/C, No): _____	
	E-MAIL ADDRESS: certrequest@ryderinsurance.com		
INSURED Mark Bradford dba Five Star Fireworks 17 Ashlee Blvd Nash TX 75569	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : HADRON SPECIALTY INS CO		17534
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** 1295671368 **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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	Y	Y	H0320GL000299-00	6/12/2026	6/12/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Regarding the General Liability coverage, Waiver of Subrogation applies to the entities listed below per form CG 24 04 when required by written agreement.
 Regarding the General Liability coverage, Blanket Additional Insured applies to the entities listed below per form S CGL 320 20 13 06 25 when required by written agreement. Regarding the General Liability coverage, Primary and Non-Contributory coverage applies to the entities listed below per form CG 20 01 when required by written agreement.
 Certificate Holder is added as Additional Insured Where Required by Written Contract.
 Fireworks Retail Stand Locations: 1527 Airport Road, Hot Springs, AR 71913 5601 Central Avenue, Hot Springs, AR 71913 1880 1/2 Airport Road, Hot Springs, See Attached...

CERTIFICATE HOLDER City of Bryant AR 210 SW 3rd St Bryant AR 72022	CANCELLATION 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 

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Ryder, Rosacker, McCue & Huston		NAMED INSURED Mark Bradford dba Five Star Fireworks 17 Ashlee Blvd Nash TX 75569	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

AR 71913 271 1/2 Airport Road, Hot Springs, AR 71913 4761 Malvern Road, Hot Springs, AR 71913 3697 Malvern Road, Hot Springs, AR 71913 3211 Albert Pike Road, Hot Springs, AR 71913 2511 Albert Pikes Road, Hot Springs, AR 71913 107 Mt. Pine Road, Hot Springs, AR 71913 3822 AR-7, Hot Springs, AR 71919 3970 Park Park Ave, Fountain Lake, AR 71901 1656 1/2 Industrial Road, Rockport, AR 72104 #5 Caddo Crossing Drive, Glenwood, AR 71943 823 Central Avenue Stamps, AR 71860 23395 I-30 Bryant, AR 72022 5407 Hwy 5, Bryant, AR 72022 12 Evans Road, Cabot, AR 72023 16925 I-30, Benton, AR 72015

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to this endorsement, **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract, written agreement or written permit which must be:

- a. Currently in effect or becoming effective during the term of the policy; and
- b. Executed prior to the "bodily injury," "property damage," or "personal and advertising injury."

The insurance provided to these additional insureds is limited as follows:

1. That person or organization is an additional insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your acts or omissions; or
 - b. The acts or omissions of those acting on your behalf.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

2. With respect to the insurance afforded to these additional insureds, the following exclusions are added to item **2. Exclusions of SECTION I - COVERAGES**:

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
3. The limits of insurance applicable to the additional insured are those specified in the written contract, written agreement or written permit or in the Declarations for this policy, whichever is less. These limits of insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations for this policy.
 4. Coverage is not provided for "bodily injury," "property damage," or "personal and advertising injury" arising out of the sole negligence of the additional insured.
 5. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of an architect's, engineer's or surveyor's rendering of or failure to render any professional services including:

- a. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, re-ports, surveys, field orders, change orders or drawings and specifications; and
 - b. Supervisory, inspection, architectural or engineering activities.
6. Any coverage provided hereunder will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a

written contract specifically requires that this insurance be primary.

When this insurance is excess, we will have no duty under **SECTION I - COVERAGES** to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured's rights against all those other insurers.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s):

Any person or organization with whom the insured has agreed to waive rights of recovery, provided such agreement is made in writing and prior to the loss

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.



MiniCo Inc.
 100 Crossways Park West
 Suite 400, Woodbury, NY 11797
 United States

BINDER

Agency/Broker: Ryder, Rosacker, McCue & Huston	Date: 06/10/2026
Attention: Tami Towne	Policy Number: H0320GL000299-00
Insured: Mark Bradford	Address: 17 Ashlee Blvd , Nash, Texas, 75569

THIS IS TO CONFIRM THAT WE HAVE BOUND COVERAGE FOR THE ABOVE CAPTIONED INSURED.

Insurance Company: Hadron Specialty Insurance Company (Non-Admitted)

Coverage Parts : Commercial General Liability Coverage

Coverage Period : **Effective Date:** 06/12/2026 **Expiration Date:** 06/12/2027

Premium Summary:

Excluding TRIA	
Liability	\$1,995
Sub Total Premium:	\$1,995
Inspection Fee	\$200
Policy Fee	\$375
SL Tax (AR 4.000%)	\$102.80
Stamping Fee (AR 0.000%)	\$0.00
Total:	\$2,672.80

Minimum Earned Percent: 25.00%

This contract is registered and delivered as a surplus line coverage under the Surplus Lines Insurance Law, and it may in some respects be different from contracts issued by insurers in the admitted markets, and, accordingly it may, depending upon the circumstances be more or less favorable to an insured than a contract from an admitted carrier might be. The protection of the Arkansas Property and Casualty Guaranty Act does not apply to this contract. A tax of four percent (4%) is required to be collected from the insured on all surplus lines premiums.

Scheduled Named Insureds:

NAME
Mark Bradford dba Five Star Fireworks

Locations Schedule:

LOC NO	BLDG NO	ADDRESS	CITY	STATE	ZIP CODE	YEAR BUILT
1	1	1527 Airport Rd	Hot Springs National Park	AR	71903	

All related premises and operations of the Named Insured.

Commercial Liability Coverage

COMMERCIAL GENERAL LIABILITY COVERAGE	LIMITS OF LIABILITY
Per Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000

Deductible:

COVERAGE PART	CLAIMS TRIGGER	DEDUCTIBLE
CGL	Per Occurrence	\$0

Liability Rating Classifications and Premium:

LOC # / BLDG#	CLASS CODE	DESCRIPTION	EXPOSURE	PREM / PROD RATE	PREM / PROD PREMIUM
1 / 1	18437	Fireworks Sales – Temporary with Annual Storage – No Direct Importing	\$190,000 \ PER 1000 \ Gross Sales	\$10.50	\$1,995

Commercial Liability Additional Insureds:

COVERAGE DESCRIPTION	FORM	PREMIUM BASIS	NUMBER OF A/I's	PREMIUM
Additional Insured - Waiver of Transfer of Rights of Recovery (Waiver of Subrogation) (Blanket)	CG 24 04	Included	0	Included
Blanket Additional Insured Endorsement	S CGL 320 20 13	Included	0	Included
Primary and Noncontributory - Other Insurance Condition	CG 20 01	Included	0	Included

Final Liability Premium: \$1,995

Note: The coverage descriptions above provide a synopsis of terms and conditions. Actual coverage is dictated by the coverage forms, and the endorsement terms & conditions.

TERMS AND CONDITIONS

1. 25% Minimum Earned Premium at Inception
2. 100% Minimum and Advance Premium
3. Policy and Inspection Fees are Fully Earned

4. No Flat Cancellations
5. Policy is Subject to Audit
6. Subject to Inspection, and Compliance with Recommendations

ADDITIONAL TERMS AND CONDITIONS

FORMS & ENDORSEMENTS

Common Forms

S IL 320 20 01 06 25	Amendment of Nonpayment Cancellation Condition
AUMS IL 5 0003 09 23	Anti-Stacking Endorsement
AUMS IL 9 0011 05 25	Asbestos Exclusion
AUMS IL 9 0010 06 25	Biometric Information Exclusion
IL 00 03 09 08	Calculation of Premium
IL 00 17 11 98	Common Policy Conditions
HSIC IL D 0001 05 24	Common Policy Declarations
S IL 320 21 07 06 25	Communicable Disease Exclusion
AUMS IL N 0002 05 24	How to Report a Claim
HSIC IL N 0001 05 24	Important Notice for Policyholders
AUMS IL 9 0002 02 25	Lead Hazard Exclusion
S IL 320 20 05 06 25	Minimum Earned Cancellation Premium
S IL 320 N 00 01 06 25	Notice - Fraud Warnings
IL 00 21 05 02	Nuclear Energy Liability Exclusion Endorsement
AUMS IL 9 0008 06 24	Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS) Exclusion
S IL 320 D 02 01 06 25	Policy Declarations Extension Schedule of Taxes, Surcharges or Fees
S IL 320 20 06 06 25	Premium Audit
HSIC IL N 0004 05 24	Privacy Notice
AUMS IL 9 0003 09 23	Punitive, Exemplary, or Multiple Damages Exclusion
AUMS IL S 0002 06 24	Schedule of Forms and Endorsements
AUMS IL S 0001 09 23	Schedule of Locations
AUMS IL 5 0007 02 25	Schedule of Named Insureds
HSIC IL 5 0001 05 24	Service of Suit Clause
HSIC IL D 0002 01 25	Signature Page
AUMS IL 9 0005 09 23	Trade or Economic Sanctions Exclusion
AUMS IL N 0001 09 23	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

Commercial Liability

S IL 320 21 05 06 25	Absolute Firearms Exclusion
S CGL 320 21 30 06 25	Aircraft Exclusion
S CGL 320 20 10 06 25	Amendment of Conditions
CG 24 26 04 13	Amendment of Insured Contract Definition
S CGL 320 20 01 06 25	Amendment to Other Insurance Condition
S IL 320 21 06 06 25	Animal Exclusion
CG 01 42 07 11	Arkansas Changes
IL 02 31 10 22	Arkansas Changes - Cancellation and Nonrenewal
CG 26 08 04 90	Arkansas Changes - Multi-Year Policies
IL 01 99 09 08	Arkansas Changes - Transfer of Rights of Recovery Against Others to Us
S CGL 320 20 13 06 25	Blanket Additional Insured Endorsement
CG 40 28 09 22	Broad Abuse or Molestation Exclusion
CG 40 15 12 20	Cannabis Exclusion with Hemp Exception
S CGL 320 21 04 06 25	Classification Limitation

CG 00 01 04 13	Commercial General Liability Coverage Form
S CGL 320 D 02 01 06 25	Commercial General Liability Coverage Part Extension of Supplemental Declarations
HSIC GL D 0001 02 25	Commercial General Liability Coverage Part Supplemental Declarations
S CGL 320 21 19 06 25	Continuous Trigger Exclusion and Non-Pyramiding of Limits Endorsement
S CGL 320 21 08 06 25	Contractors Special Conditions and Exclusion
S CGL 320 21 33 06 25	Controlled Substance Exclusion
S CGL 320 21 11 06 25	Designated Operations Exclusion "Any and all operations of Custom Engraved name jewelry"
AUMS GL 9 0002 09 23	Discrimination Exclusion
S IL 320 21 01 06 25	Earth or Land Movement Exclusion
CG 21 47 12 07	Employment-Related Practices Exclusion
CG 21 06 12 23	Exclusion - Access or Disclosure of Confidential or Personal Material or Information
CG 40 35 12 23	Exclusion - Cyber Incident
CG 21 17 07 98	Exclusion - Movement of Buildings or Structures
CG 21 09 06 15	Exclusion - Unmanned Aircraft
S CGL 320 21 28 06 25	Exclusion - Vermin
CG 00 69 12 23	Exclusion - Violation of Law Addressing Data Privacy
CG 40 12 12 19	Exclusion- All Hazards in Connection with an Electronic Smoking Device, Its Vapor, Component Parts, Equipment and Accessories
CG 21 16 04 13	Exclusion- Designated Professional Services "Any and all training and/or certification operations of pyrotechnicians by the Named Insured"
CG 21 34 01 87	Exclusion- Designated Work "Any and all fireworks manufacturing"
S CGL 320 21 09 06 25	Exclusion- Fireworks Handler
CG 21 73 01 15	Exclusion of Certified Acts of Terrorism
S CGL 320 21 23 06 25	Exclusion- Snow Removal, Ice Removal or Plowing Operations
S CGL 320 21 36 06 25	Fireworks Worker Injury and Liability Exclusion
CG 21 67 12 04	Fungi or Bacteria Exclusion
S CGL 320 21 13 06 25	Hydraulic Fracturing Exclusion
S CGL 320 21 02 06 25	Injury to Worker Exclusion
S CGL 320 21 03 06 25	Known Injury or Damage Exclusion-Personal and Advertising Injury
S CGL 320 20 02 06 05	Minimum and Advance Premium Endorsement
CG 20 01 12 19	Primary and Noncontributory - Other Insurance Condition
S CGL 320 21 07 06 25	Prior Fireworks Operations and Products - Completed Operations Exclusion - Specified Date 06/12/2026
S CGL 320 21 31 06 25	Retail and Wholesale Fireworks Operations Exclusion
CG 21 96 03 05	Silica or Silica - Related Dust Exclusion
S CGL 320 21 26 06 25	Tobacco or Nicotine Products Health Hazard Exclusion
S CGL 320 21 06 06 25	Total Aircraft, Auto and Watercraft Exclusion with Limited Exceptions
S CGL 320 21 27 06 25	Total Assault and/or Battery Exclusion
S CGL 320 21 12 06 25	Total Liquor Liability Exclusion
CG 21 49 09 99	Total Pollution Exclusion Endorsement
S CGL 320 21 18 06 25	Transmissible Pathogen Exclusion
CG 24 04 12 19	Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation) "Any person or organization with whom the insured has agreed to waive rights of recovery, provided such agreement is made in writing and prior to the loss"

Best regards,
 Nichole Miller
 Underwriter
 Nichole.Miller@minico.com(402)-251-5283

MiniCo Inc.

Temporary Business Application

City of Bryant

Date: June 9th 2026

Name of Business: FIVE STAR FIREWORKS

Federal Tax Employer Identification Number: 453216207

Arkansas State Sales Tax Number: _____

Type of Business: RETAIL SALES

Location of proposed Temporary Business: 5407 HWY 5 BRYANT, ARK 72002

Parcel Number of Location of proposed Temporary Business: _____

Owner Mailing Address: 17 ASHLEE BLVD NASA, TX 75569

Contact Person: MARK BRADFORD

Daytime Phone Number: 903-826-4433 Evening Phone Number: SAME

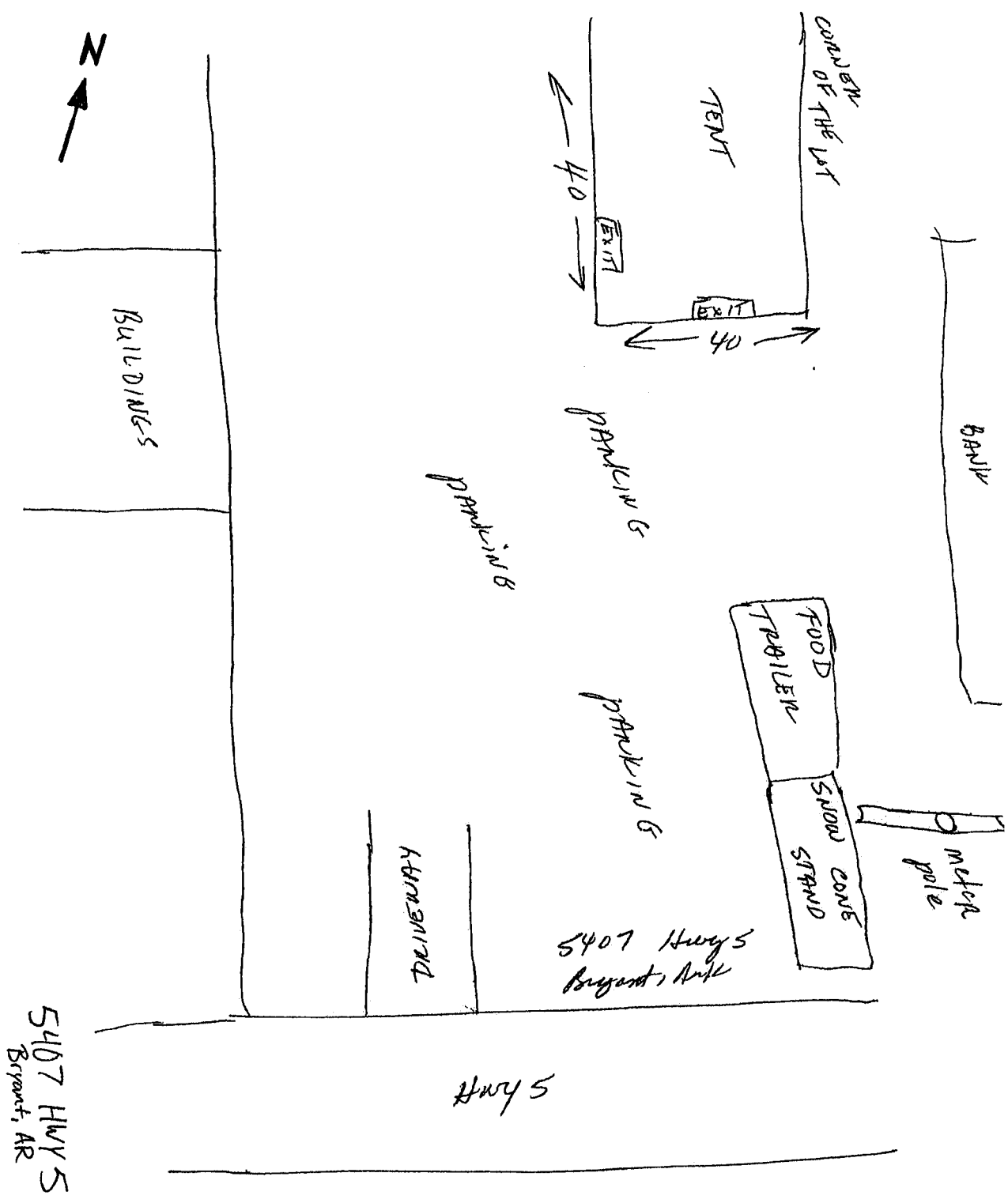
Please check the category you are applying for. Permits cannot exceed the following time limits:

<input checked="" type="checkbox"/>	Carnivals	30 Days
<input checked="" type="checkbox"/>	Fireworks stands or tents	30 Days
<input type="checkbox"/>	Christmas tree stands, tents or lots	60 Days
<input type="checkbox"/>	General commercial sales stands, tents or lots	90 Days
<input type="checkbox"/>	Concession/Refreshment stands/Food Service	180 Days

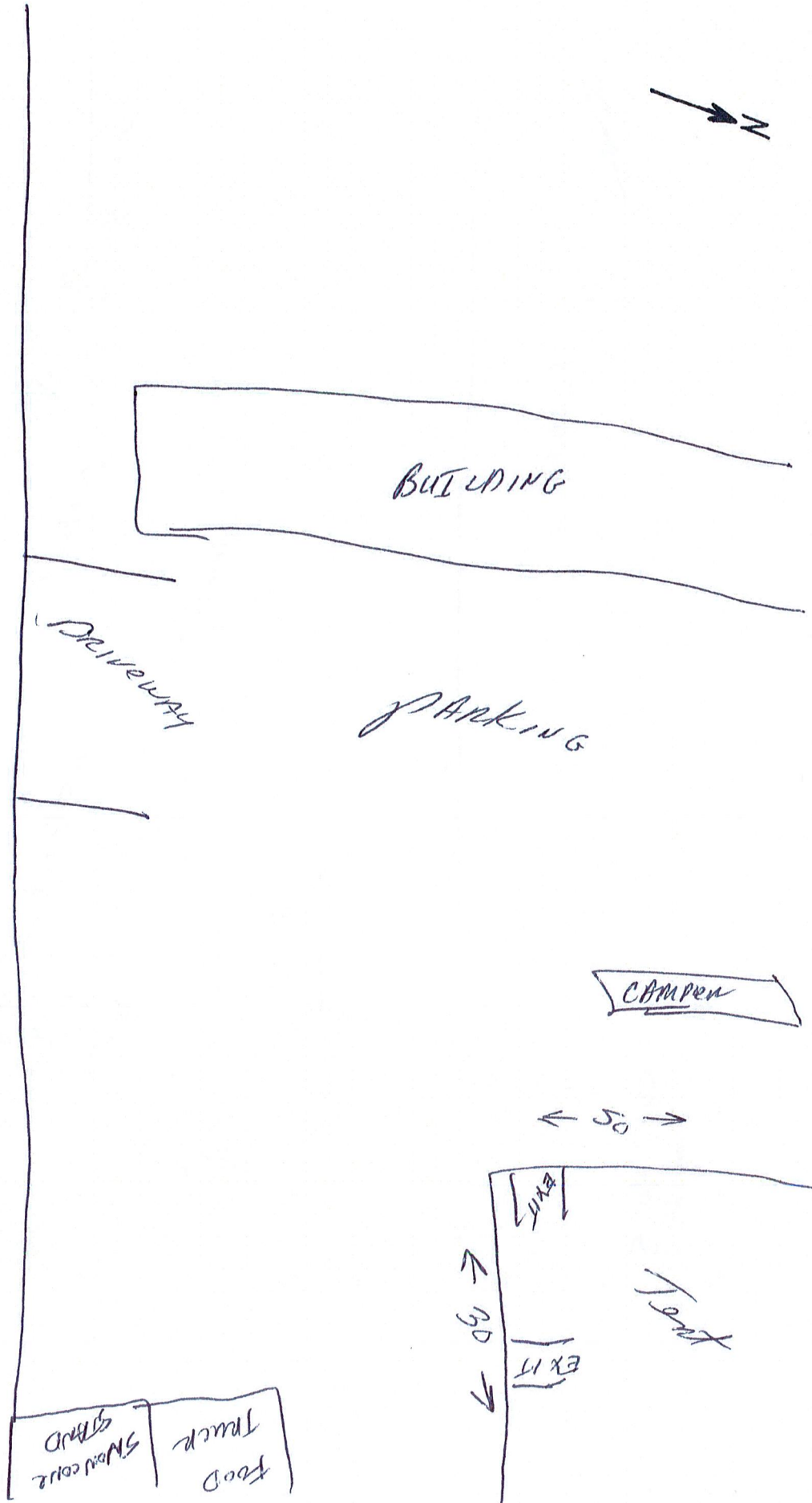
Beginning Date Requested 6/18/26 Ending Date Requested 7/6/26

I hereby certify the above to be true and correct, and state that I am operating a business in accordance with the city's zoning regulations and/or any other city, state, or federal laws which may be applicable. I understand violation of Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up to \$500.00 per occurrence of violation. Each day's occurrence is a separate violation. No temporary business may operate for more than 180 days during any consecutive 12-month period.

Owners Signature Mark Bradford



S467 Hwy 5 Bayant, Ark





THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED IN THE PLACE OF BUSINESS



Office of Fire Services

Permit Number

RPP.0000395

Date of Issue

06/12/2026

State Fire Marshal

FIREWORKS RETAIL PERMIT

This is to certify that

5starfireworks

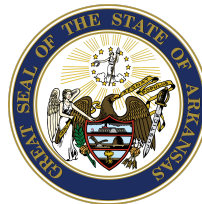
Is duly licensed to transact business in the State of Arkansas as a Retailer

Address: 5407 hw 5 bryant ark 72023

LICENSE EXPIRES: 05/01/2027

AJ GARY

DIRECTOR and STATE
HOMELAND SECURITY ADVISOR



NON TRANSFERABLE

Jake Dennis Free

Jake Dennis Free
STATE FIRE MARSHAL