



FAIR APPLICATION

Impact Programs
4300 Shawnee Mission Pkwy
Fairway, KS 66205

GENERAL INFORMATION

Legal Name of Applicant:
dba (if applicable):
Website Address:
Contact Person: Title:
Mailing Address:
City: State: Zip:
Physical Address of Fair:
City: State: Zip:
Phone Number: Fax:
Effective Date: FEIN#: Email:
Number of Employees: Annual Payroll: \$ Number of Volunteers:
of Years in Business? How many years under current management:
If present management is less than 3 years, please describe prior experience:

Ownership is: [] Not for profit corp [] For profit corp [] Other:
Any subsidiaries or other legal entities (501(c)4, etc.)? [] Yes [] No
If Yes, explain:
Do you provide employee benefits (health, 401k, pension trust fund, etc.)? [] Yes [] No

FAIR INFORMATION

Is the premises: [] Owned [] Short Term [] Long Term
Dates of Fair: Admission Fee: \$
Last Year's Attendance: Anticipated Attendance:
Last Year's Gate Receipts: \$ Anticipated Gate Receipts: \$
Maximum Daily Attendance at any one event: Hours of Operation:
Who provides security for the fair? [] County [] City [] State [] Fair Employees [] Private Security
Who provides liquor at your event? [] Fair [] Contractor [] No Liquor Exposure

If sold or furnished by you, complete Liquor Liability Supplement on page 6.

Do you have athletic/sports activities or events? [] Yes [] No

If Yes:

Maximum number of participants in any one sports activity/event:

Are waivers obtained for all events requiring entry registration and fee? [] Yes [] No

(We recommend you obtain waivers from all athletic participants.)

FAIR INFORMATION, continued

Do you have live music? Yes No

If Yes:

What type?	<input type="checkbox"/> Hard Rock	<input type="checkbox"/> Jazz	<input type="checkbox"/> Bluegrass	<input type="checkbox"/> Pop	<input type="checkbox"/> Country
	<input type="checkbox"/> Rap/Hip-Hop	<input type="checkbox"/> EDM	<input type="checkbox"/> Other: _____		
Live Entertainment is:	<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> National		

Do you have motorsports? Yes No

If Yes, total number and dates of those you wish to insure under this policy:

Demolition derbies:	# _____	Dates:	_____
Tractor/truck pulls:	# _____	Dates:	_____
Other (describe):	_____		Dates: _____

Do you have a parade? Yes No

If Yes:

Parade Attendance: _____	If on street, are streets closed in both directions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are souvenirs or other items allowed to be thrown into the crowd?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approximate length of parade in blocks or miles: _____			
Number of floats: _____	Number of bands: _____	Number of equestrian units: _____	
Number of motorized units: _____	Number of other units: _____		
Time and duration of parade: Begins: _____		Ends: _____	

Describe any new events/activities planned this year:

UNDERWRITING INFORMATION

Do you have medical emergency procedures? Yes No

Are employees/volunteers provided medical emergency response training? Yes No

Are trained medical personnel on premises? Yes No

If no, is EMT/paramedic response time less than 7 minutes? Yes No

Do you have an incident reporting procedure? Yes No

Do you have a written emergency evacuation plan? Yes No

Are employees/volunteers provided emergency evacuation training? Yes No

Does your organization hold any other events throughout the year? Yes No

If yes, please describe: _____

Does your organization engage in other business operations? Yes No

If yes, please describe: _____

Does your organization need annual premises liability for **other** owned, leased or furnished locations?

Yes No If yes, please describe:

FAIRGROUNDS FACILITIES & EXPOSURES

Please indicate if you have events/activities involving:

	Responsibility of		Comments
	Insured	Contractor	
Aircraft/Drones	<input type="checkbox"/>	<input type="checkbox"/>	
Auditorium or Indoor Arena	<input type="checkbox"/>	<input type="checkbox"/>	
Auto Race Track	<input type="checkbox"/>	<input type="checkbox"/>	Describe:
Cattle drives or trail rides	<input type="checkbox"/>	<input type="checkbox"/>	Describe:
Child care operations	<input type="checkbox"/>	<input type="checkbox"/>	
Fireworks discharged by you	<input type="checkbox"/>	<input type="checkbox"/>	
Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	Describe:
Horse Boarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Thoroughbred <input type="checkbox"/> Quarter horse <input type="checkbox"/> Harness
Horse Race Track Racing List any participant liability claims below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Thoroughbred <input type="checkbox"/> Quarter horse <input type="checkbox"/> Harness
Rodeos	<input type="checkbox"/>	<input type="checkbox"/>	Do you require a certificate listing your organization as AI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lakes or Ponds	<input type="checkbox"/>	<input type="checkbox"/>	Explain Purpose/Use below
Mechanical Bull	<input type="checkbox"/>	<input type="checkbox"/>	Do you require a certificate listing your organization as AI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Non Fair Camping/Lodging	<input type="checkbox"/>	<input type="checkbox"/>	#RV hookups ____ #Camp sites ____
Off Season Storage-Property of Others	<input type="checkbox"/>	<input type="checkbox"/>	Does your storage agreement hold you harmless? <input type="checkbox"/> Yes <input type="checkbox"/> No
Petting Zoo	<input type="checkbox"/>	<input type="checkbox"/>	Do you require a certificate listing your organization as AI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Roller/Ice Skating Operations	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	
Watercraft (Including self-propelled-Canoes, Paddle Boats, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

Responses to the above:

LOSS CONTROL

Do you have procedures in place for the handling of and exposure to animals as follows:

- CDC guidelines regarding general public and animal contact? Yes No
- Have you attended an e-coli presentation that addresses how to reduce the risks of e-coli at your fair? Yes No
- Have you ever had a reported e-coli incident? Yes No
- Do you post both warning and instruction signage in areas where there is human to animal contact? Yes No
- Are there hand washing stations set up in areas where there is human to animal contact? Yes No
- Do you have pre-event and event planning on sanitizing facilities and removal of waste material? Yes No
- Do you document the planning, instruction and implementation of these procedures? Yes No
- Are food vendors set up away from the animal area? Yes No
- Department of Agriculture regulations? Yes No
- Moving animals to and from pens/holding/show areas? Yes No
- Animal Food storage? Yes No
- Waste handling (separation from potable water source)? Yes No

Event/Premises

- Is there a daily check of premises for potential hazards? Yes No
- Is there a follow-up system in place to correct such hazards? Yes No
- Are traffic patterns in parking areas clearly marked? Yes No
- Is traffic in pedestrian areas controlled? Yes No
- Are restricted access areas clearly marked? Yes No
- Is there an equipment maintenance program (if applicable)? Yes No

Any "No" response requires explanation:

- Have a known pollution exposure? Yes No
- Have a current or prior asbestos exposure? Yes No
- Comply with local and national fire and life safety codes? Yes No

LOSS CONTROL, continued

Do you require current certificates of insurance naming your organization as additional insured and providing liability limits at least equal to yours, from the following subcontracted operations:

- Concessionaires serving liquor Yes No No Exposure
- Operator of amusement rides Yes No No Exposure
- Operators of fireworks displays Yes No No Exposure
- Operators of motorsports events Yes No No Exposure
- Operators of trams, buses, people movers Yes No No Exposure
- Private security firms Yes No No Exposure

Any "No" response requires explanation:

NON-OWNED / HIRED AUTO SUPPLEMENT

Does your organization own or lease (long-term) any vehicles? Yes No

If Yes, you must complete a Business Auto application.

Non-Owned Vehicles

Do employees or volunteers regularly use their autos for company business? Yes No

If Yes, explain: _____

Number of Volunteers (Driving Personal Autos): _____ Total # of Employees: _____

Hired Auto Liability

Do you hire or rent vehicles during your fair? Yes No

If Yes, please describe vehicle types, estimated number, duration, and usage:

Are any vehicles provided/donated for your use as a part of a sponsorship or promotional agreement?

Yes No If Yes, please include a copy of the agreement and describe vehicle types, estimated number, duration, and usage:

Do any of the hired, rented, provided, or donated vehicles' owners require you to provide primary liability?

Yes No If Yes, please provide owner(s) name: _____

Hired Auto Physical Damage

What is the highest valued vehicle you rent, hire, borrow or is furnished to you? \$ _____

Estimated annual rental cost: \$ _____

Do you have vehicle return procedures in place to control dealer reported damages? Yes No N/A

LIQUOR LIABILITY

(Liquor Liability not available in the following states: (AL, DC, VT))

Name Liquor License is in: _____

dba (if applicable): _____

Type of Liquor License: _____

Type(s) of alcoholic beverage sold: _____

Prior Experience

Has your liquor license ever been revoked or suspended? Yes No

Have you ever been fined by any alcohol regulatory agency? Yes No

Have you ever incurred a liquor liability claim? Yes No

Has your liquor liability insurance ever been cancelled or non-renewed? Yes No

Any "Yes" response requires explanation: _____

Liquor Operations

Anticipated gross liquor sales: \$ _____ Last year's gross sales: \$ _____

Who serves alcohol? Employees/Volunteers Charitable organizations Other

If Other, please explain: _____

Are servers trained in alcohol awareness? Yes No

If No, please explain: _____

Are procedures and chain of authority established for refusing to serve? Yes No

If No, please explain: _____

Opening and closing hours of alcohol sales: Open: _____ Close: _____

If alcohol sales are not shut down at least 30 minutes prior to the premises closing, please explain:

Please explain procedures for checking ID: _____

Describe limits on the number of beverages purchased at one time: _____

Are patrons allowed to carry alcoholic beverages onto premises? Yes No

If Yes, please explain:

INLAND MARINE SUPPLEMENT

Owned Equipment

Please attach a separate schedule of owned equipment showing year, model, serial number and value.

Rented, Hired or Borrowed Equipment*

***Your commercial general liability policy specifically excludes property of others in your care, custody or control. Most rental contracts hold you responsible for damage to rented property. Your commercial general liability policy will not pay claims for damages to rented, hired or borrowed equipment.**

Do you rent, hire or borrow any equipment for the production of your event or other purposes?

Yes No If Yes, please complete the following:

List approximate # and total values for each checked item

<input type="checkbox"/> Radios	# _____	\$ _____	<input type="checkbox"/> Phones	# _____	\$ _____
<input type="checkbox"/> Golf carts	# _____	\$ _____	<input type="checkbox"/> Tents	# _____	\$ _____
<input type="checkbox"/> Booths	# _____	\$ _____	<input type="checkbox"/> Portajohns	# _____	\$ _____
<input type="checkbox"/> Staging	# _____	\$ _____	<input type="checkbox"/> Sound equipment	# _____	\$ _____
<input type="checkbox"/> Lighting equipment	# _____	\$ _____	<input type="checkbox"/> Musical equipment	# _____	\$ _____
<input type="checkbox"/> Generators	# _____	\$ _____	<input type="checkbox"/> Trailers	# _____	\$ _____
<input type="checkbox"/> Other:	_____		<input type="checkbox"/>	# _____	\$ _____

The above list is not all inclusive. Your specific event may utilize additional types of equipment not listed above. You should carefully review your individual exposure and contracts.

What is the maximum value of any one item? \$ _____

What is the maximum value of **all** rented/hired/borrowed equipment in your possession at **any one time** for which you are responsible? \$ _____

Is any equipment rented, furnished or provided to you **with** operators? Yes No

If Yes, do you secure a certificate of insurance naming your organization as additional insured?

Yes No If No, please explain: _____

FRAUD STATEMENTS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA, and WV.)

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

APPLICABLE IN FLORIDA and OKLAHOMA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, and WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE / NOTICES

Legal Name of Applicant: _____

dba (if applicable): _____

I understand this application does not bind coverage, and I hereby certify that the information provided is true and correct. I understand any misrepresentation of the facts provided herein may cause the policy to be canceled or coverage to be denied.

Print Name

Title

Date

Signature of Applicant

Signature of Agent

BROKER INFORMATION

Name of Agency: _____

Address: _____

Producer Name: _____ Phone Number: _____

Email: _____ Website: _____

REMINDERS

Did you remember to include:

- Minimum 3 years loss history (currently valued)
- Current financial statement
- Standard Vendor agreement
- Facility rental agreement
- Premises/site lease agreement
- Schedule of events/program/brochure
- Standard athletic participant waiver
- Site diagram/Map
- List of Additional Insureds required and relationship
- Schedule of owned equipment (if Inland Marine coverage desired)