



FESTIVAL 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 Festival:
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

FESTIVAL INFORMATION

Is the premises: [ ] Owned [ ] Short Term [ ] Long Term
Dates of Festival: 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 liquor at your event? [ ] Festival [ ] Contractor [ ] No Liquor Exposure
If sold or furnished by you, complete attached Liquor Liability Supplement.
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.)

**FESTIVAL INFORMATION, continued**

Describe the festival theme/operations/events:

Do you have live music?  Yes  No

If Yes:

What type?  Hard Rock  Jazz  Bluegrass  Pop  Country  
 Rap/Hip-Hop  EDM  Other: \_\_\_\_\_

Live Entertainment is:  Local  Regional  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?  Yes  No

Are souvenirs or other items allowed to be thrown into the crowd?  Yes  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:**

Who provides security for the festival?  County  City  State  Festival Employees  
 Private Security

**SECURITY SUPPLEMENTAL**

Name of Insured: \_\_\_\_\_

- 1. Are there Metal Detectors at the gates?     Yes    No
- 2. Are there people monitoring gates?    Yes    No
- 3. Is there use of metal detectors at gates?    Yes    No
- 4. Is the facility/event fully fenced?     Yes    No    Attach copy of site plan showing fencing.
- 5. Do you have Active Shooter protocols?     Yes    No
- 6. Are there bag checks done?    Yes    No
- 7. Is there an ingress/egress plan in place?    Yes    No
- 8. Are weapons, including guns prohibited?    Yes    No
- 9. Is there a process to screen employees and/or volunteers for weapons?    Yes    No
- 10. Do you monitor your emails and social media for threats?    Yes    No
- 11. Who is responsible for security?     Employees    Local Police/Sheriff    Private Security    None  
Attach a copy of COI and Contract between insured and police/security company.

## 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:

## FESTIVAL FACILITIES & EXPOSURES

Please indicate if you have events/activities involving:

	Responsibility of		Comments
	Insured	Contractor	
Aircraft/Drones	<input type="checkbox"/>	<input type="checkbox"/>	
Auto Race Track	<input type="checkbox"/>	<input type="checkbox"/>	Describe:
Fireworks discharged <b>by you</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Lakes or Ponds	<input type="checkbox"/>	<input type="checkbox"/>	<b>Explain Purpose/Use below</b>
Camping/Lodging	<input type="checkbox"/>	<input type="checkbox"/>	#RV hookups ____ #Camp sites ____
Roller/Ice Skating Operations	<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**

**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

**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 an Acord 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 festival?  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: (DC, VT))

Name Liquor License is in: \_\_\_\_\_

If not insured, explain: \_\_\_\_\_

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:	_____		# _____	\$ _____	

**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 5 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)