



FAIR RENEWAL 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

Have there been any changes in your loss control procedures (check premises, etc.)? Yes No
 Dates of Fair: _____
 Any changes on your lease of premises agreement (if applicable)? Yes No – **If Yes, provide a copy.**

Last Year's Attendance:		Anticipated Attendance:	
Last Year's Gate Receipts:	\$	Anticipated Gate Receipts:	\$
Last Year's Admission Fee:	\$	Anticipated Admission Fee:	\$
Annual Operating Budget:	\$	Maximum Daily Attendance:	
Last Year's Parking Receipts:		Total Parking Capacity:	

Do you sell liquor at your fair? Yes No

If Yes:

Who provides liquor at your event? <input type="checkbox"/> Fair <input type="checkbox"/> Contractor
If sold by you, what are your liquor receipts? \$ _____ Last Year's Receipts: \$ _____
If sold or furnished by contractor(s), do you require a certificate of insurance with your organization named as additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
(Liquor Liability not available in the following states: AL, CT, VT)

FAIR INFORMATION, continued

Have you added any new athletic/sports activities or events? Yes No

If Yes:

Maximum number of participants in any one sports activity/event:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are waivers obtained or included in participant registration forms for all events requiring entry registration and fee? (We recommend you obtain waivers from all athletic participants.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach description of each event if not included in your program/schedule of events.	

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: _____

Describe any new events/activities planned this year:

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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Exposure |
| Operator of amusement rides | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Exposure |
| Operators of fireworks displays | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Exposure |
| Operators of motorsports events | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Exposure |
| Operators of trams, buses, people movers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Exposure |
| Private security firms | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Exposure |

Any No response requires explanation:

Have any of your procedures for the handling of animals, security, medical emergency or emergency evacuations been changed? Yes No

If Yes:

Who provides security for your fair? <input type="checkbox"/> No Change
<input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Fair Employees <input type="checkbox"/> Private Security

Medical emergency response personnel: **No Change**

- | | | |
|--|------------------------------|-----------------------------|
| Do you have medical emergency procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are employees/volunteers provided medical emergency response training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are trained medical personnel on premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, is EMT/paramedic response time less than 7 minutes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have an incident reporting procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

FAIR INFORMATION, continued

Emergency evacuation: **No Change**

- Do you have a written emergency evacuation plan? Yes No
- Are employees/volunteers provided emergency evacuation training? Yes No

Do you have procedures in place for the handling of and exposure to animals as follows: **No Change**

- 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

FAIRGROUNDS, FACILITIES, & EXPOSURES

Have there been any changes in your fairground exposures? Yes No

If Yes, **have you added any of the following:**

Aircraft/Drones	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auditorium or Indoor Arena	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Race Track	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cattle Drives or Trail Rides	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fireworks Discharged By You	<input type="checkbox"/> Yes <input type="checkbox"/> No
Golf Course	<input type="checkbox"/> Yes <input type="checkbox"/> No
Horse Breeding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Horse Race Track Racing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rodeos	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lakes or Ponds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical Bull	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non Fair Camping/Lodging	<input type="checkbox"/> Yes <input type="checkbox"/> No
Off Season Storage-Property of Others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Petting Zoo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roller/Ice Skating Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watercraft (including self-propelled—Canoes, Paddle Boats, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

FAIRGROUNDS, FACILITIES, & EXPOSURES, continued

Will your organization:

Add any other events throughout the year? Yes No – If Yes, please describe:

Engage in other business operations? Yes No – If Yes, please describe:

Purchase, lease, or build any new premises/locations? Yes No – If Yes, please explain:

Have you changed the type and/or frequency of off-season facility rental to others? Yes No

If Yes, please explain:

Has your organization purchased or leased any vehicles (long-term)? Yes No

If Yes, you must complete a Business Auto application.

Have any new sponsorship or promotional agreement(s) been added this year for automobiles provided/donated for the fair? Yes No

If yes, please include a copy of the agreement and describe the vehicle types, estimated number, the maximum value any one vehicle, duration and usage.

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:

- Current financial statement
- Schedule of events/program/brochure
- Required certificates of insurance
- List of Additional Insureds required and relationship