



FESTIVAL 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

FESTIVAL INFORMATION

Have there been any changes in your loss control procedures (check premises, etc.)? [] Yes [] No
If Yes, please explain:

[Empty box for explaining loss control changes]

Dates of Festival:
Any changes on your lease of premises agreement (if applicable)? [] Yes [] No - If Yes, provide a copy.

Table with 4 columns: Anticipated Total Attendance, Last Year's Attendance, Maximum Daily Attendance, Annual Operating Budget.

Do you sell liquor at your festival? [] Yes [] No

If Yes:

Who provides liquor at your event? [] Fair [] 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? [] Yes [] No
(Liquor Liability not available in the following states: AL, CT, VT)

FESTIVAL 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 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:

Have any of your procedures for 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
If private security is utilized, do you obtain a certificate of insurance naming your organization as additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No

Medical emergency response personnel: **No Change**

- 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

FESTIVAL 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

Will your organization:

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

Add or engage in other business operations? Yes No – If Yes, please describe:

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

If Yes, you must complete an Acord 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
- List of Additional Insureds required and relationship
- Fireworks certificate of insurance
- Carnival certificate of insurance