



FUN CENTER APPLICATION

Impact Programs
4300 Shawnee Mission Pkwy
Fairway, KS 66205

GENERAL INFORMATION

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

Ownership is: Individual Partnership Corporation LLC Joint Venture 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
 Current Carrier: _____ Expiration Date: _____

SCHEDULE OF ATTRACTIONS

Batting Cages	Receipts: \$	Miniature Golf	Receipts: \$
Bowling	Receipts: \$	Paintball	Receipts: \$
Bumper Boats	Receipts: \$	Rockwall	Receipts: \$
Bumper Cars	Receipts: \$	Ropes Course	Receipts: \$
Concessions	Receipts: \$	Soft Play/Inflatables	Receipts: \$
Escape Rooms	Receipts: \$	Summer Camps	Receipts: \$
Games	Receipts: \$	Virtual Reality	Receipts: \$
Go Karts	Receipts: \$	Zip Line	Receipts: \$
Golf Driving Range	Receipts: \$	Birthday/Groups	Receipts: \$
Kiddie Rides/Coin Operated	Receipts: \$	Other:	Receipts: \$
Laser Tag	Receipts: \$	Other:	Receipts: \$
Liquor	Receipts: \$	Other:	Receipts: \$

SCHEDULE OF ATTRACTIONS, continued

Location Address: _____

Number of years in business at this location: _____

Indoors or Outdoors? Indoors Outdoors

Is park fenced? Yes No

Are all attractions fenced? Yes No

Operating season: _____ Hours of operation: _____

Does any water exposure, swimming, boating, lakes or ponds exist? Yes No

If yes, describe: _____

BATTING CAGES Yes No – If Yes, complete the following:

Attendant monitoring at all times? Yes No

One person in cage at a time? Yes No

Signs indicating height/age? Yes No

Is there a maximum speed for child under 8 years old? Yes No

Speeds: _____

Helmets required with signage? Yes No

BOWLING Yes No – If Yes, complete the following:

Number of lanes: _____ Lane Construction: Wood Synthetic

Lane Finish: Lacquer Polyurethane Urethane Water Based

Do you contract lane finishing? Yes No

Flammables stored in UL approved containers? Yes No

List products and quantities: _____

Are ball racks secured to the floor? Yes No

Are food and drinks restricted from bowling lanes? Yes No

Who repairs and/or maintains the automatic bowling equipment: _____

BUMPER BOATS Yes No – If Yes, complete the following:

Water depth: _____

Fenced? Yes No

Ground fault circuit interrupter electrical outlets? Yes No

Propeller protection/full compliance with life safety? Yes No

BUMPER CARS Yes No – If Yes, complete the following:

Manufacturer: _____

SCHEDULE OF ATTRACTIONS, continued

CONCESSIONS

- Vending machines, soft drinks, etc.? Yes No
Warming plate foods only? Yes No
Is there deep fat frying? Yes No

If Yes, please complete cooking equipment and maintenance questions.

Cooking Equipment

- Are all cooking areas protected by automatic fire systems? Yes No
Does cooking equipment have automatic fuel cut-offs which are connected to automatic extinguishing system? Yes No
Are hoods properly vented to outside of building? Yes No
Are hoods and ducts constructed of at least 18 gauge steel or 20 gauge stainless? Yes No
Is an automatic fire extinguishing system present in all hoods and ducts? Yes No
Do any ducts pass through combustible concealed space? Yes No
Are individual nozzles located over all operations producing grease-laden vapors and all deep fat frying areas? Yes No
Are UL approved non-combustible grease filters used? Yes No
Are deep fat fryers at least 16" from all adjacent cooking surfaces? Yes No
Are deep fat fryers equipped with automatic temperature controls? Yes No

Number and type of fire extinguishers in cooking area: _____

Type of automatic extinguishing system:

Dry Chemical CO₂ Other – Manufacturer: _____

Cooking Maintenance

- Is overnight trash stored in approved fire containers? Yes No
Is supply area neat and free of flammables? Yes No
Is electrical, heating and air-conditioning room free of combustibles? Yes No
Are exposed cooking surfaces, counters and hoods cleaned daily? Yes No
Are filters cleaned or changed weekly? Yes No
Is hood and duct system inspected semi-annually by a qualified firm? Yes No

Name & Address of firm: _____

Is automatic extinguishing system inspected semi-annually by a qualified firm? Yes No

Name & Address of firm: _____

Are fire extinguishers inspected & serviced at least annually by a qualified firm? Yes No

Name & Address of firm: _____

ESCAPE ROOMS Yes No – If Yes, complete the following:

- Are all participants required to sign waivers/parents to sign waiver on behalf of all minors? Yes No
Are rooms locked? Yes No
If Yes, is there an emergency release button? Yes No
Is there video surveillance? Yes No

SCHEDULE OF ATTRACTIONS, continued

GAMES Yes No – If Yes, complete the following:

Video Games: Owned Leased

If Leased, who owns and maintains: _____

GO KARTS Yes No – If Yes, complete the following:

Number of tracks: _____ Indoor or Outdoor: _____

Manufacturer and maximum speed: _____

Is maximum speed per manufacturer's specifications? Yes No

Are steering wheels and headrests padded? Yes No

Are governors installed to control speed? Yes No

Is there a remote control device to slow down or shut off? Yes No

Do karts have roll bars and bumper guards? Yes No

Do karts have wheel protection? Yes No

Do karts have enclosed exhaust and chains? Yes No

Do karts have passenger restraint systems for each rider? Yes No

Explain maintenance program: _____

Track

How many track attendants are there during operations: _____

Is entire track fenced? Yes No

Number of karts permitted on track at one time: _____

Are curves and corners adequately protected by crash barriers? Yes No

Describe: _____

Are karts fueled in a designated area away from participants and public? Yes No

Are fire extinguishers at appropriate locations with current tags? Yes No

Organized racing? Yes No

Are signs prominently posted stating rules? Yes No

Participants

Minimum age requirement: _____ Minimum height requirement: _____

Are helmets required? Yes No

Are helmets available? Yes No

Are spectators allowed inside track area? Yes No

Is more than one rider allowed in kart designed for single rider? Yes No

Are shoes required, long hair put up and loose clothing secured with signage? Yes No

Are drivers instructed by attendant prior to driving? Yes No

SCHEDULE OF ATTRACTIONS, continued

GOLF DRIVING RANGE Yes No – If Yes, complete the following:

Number of tees: _____

Single story? Yes No

KIDDIE RIDES/COIN OPERATED Yes No – If Yes, complete the following:

Number of rides: _____

Describe: _____

Attendant operated? Yes No

Any coin operated rides? Yes No

Describe: _____

LASER TAG Yes No – If Yes, complete the following:

Type of game and equipment: _____

MINIATURE GOLF Yes No – If Yes, complete the following:

Number of holes: _____

PAINTBALL Yes No – If Yes, complete the following:

Are waivers required from participants and parents of minors with hold harmless/indemnification language in the waiver? Yes No

Are full head helmets (including face mask) provided and mandatory for every participant? Yes No

If not, explain what is used, mandatory?

Where is the paintball being held? Indoors Outdoors

If Indoors, is floor covering non-slip, non-trip type? Yes No

Type of obstacles: _____

How is climbing controlled on obstacles? _____

Signage? Yes No

Does signage include 20 feet minimum to shoot someone? Yes No

If No, explain: _____

How is “no head shot” communicated? Signage Disqualification

Number of field judges on the field? _____

Is the barrel plug used while not in play? Yes No

If No, explain: _____

SCHEDULE OF ATTRACTIONS, continued

ROCKWALL Yes No – If Yes, complete the following:

Manufacturer: _____ Year Built: _____

Belay System? Manual Auto – If Auto, name of manufacturer: _____

Are carabineers auto-locking or manual? Auto-locking Manual

How many climbers was the wall built to accommodate: _____

Is climbing zone fenced in accordance with ASTM standards? Yes No

Number of operators and their positions: _____

Who trains the operators? _____

Is operator training documented? Yes No

Do operators provide a safety orientation prior to each climb? Yes No

Are safety rules and climber restrictions posted? Yes No

Any unsupervised climbs allowed? Yes No

Do you rent the rock wall to others? Yes No

How is rock wall secured from unauthorized access when operator is not present:

How often are cables replaced and by whom? _____

Describe criteria used to determine replacement of harness, carabineers, etc.:

Do climbers sign a waiver? Yes No

ROPES COURSE Yes No – If Yes, complete the following:

Manufacturer: _____ Year Built: _____

Number of stories/height of course: _____

Are carabineers auto-locking or manual? Auto-locking Manual

How many climbers was the course built to accommodate: _____

Number of operators and their positions: _____

Who trains the operators? _____

Is operator training documented? Yes No

Do operators provide a safety orientation prior to each climb? Yes No

Are safety rules and climber restrictions posted? Yes No

How often are harnesses, cables and carabineers replaced and by whom:

Do participants sign a waiver? Yes No

SCHEDULE OF ATTRACTIONS, continued

SOFT PLAY/INFLATABLES Yes No – If Yes, complete the following:

Describe: _____

Number of employees supervising play area: _____

Are there signs indicating age, height, or size limitations? Yes No

SUMMER CAMPS Yes No – If Yes, complete the following:

Are there any off-site events? Yes No

If Yes, please explain: _____

What training/certificates do counselors have? _____

Are background checks conducted on counselors? Yes No

What activities will be provided? _____

Number of campers per day: _____

Number of days per week: _____

Number of weeks of camp per season: _____

Actual hours of camp operation: _____

Will transportation be provided? Yes No

If Yes, explain: _____

VIRTUAL REALITY Yes No – If Yes, complete the following:

Describe: _____

ZIP LINE Yes No – If Yes, complete the following:

Is zip line mobile or permanent? Mobile Permanent

Where is zip line located? _____

Do you operate from: Owned premises Leased premises

If Leased, describe arrangement: _____

Manufacturer: _____

What year was zip line built: _____

What is the length of the zip line: _____

What is the maximum zip line height at your facility: _____

Are there any age, weight, or height restrictions? Yes No

If Yes, explain: _____

Does the course contain any canopy bridges? Yes No

If Yes, how many: _____

Do you have operations off premises? Yes No

If Yes, explain: _____

SCHEDULE OF ATTRACTIONS, continued

What is your staff-to-participant ratio? _____

Does your course require the participants to hand brake? Yes No

If Yes, explain instructions given to participants:

If No, explain method used to stop the participants:

Describe landing area: _____

Are all participants required to wear gloves, helmets and closed toe shoes? Yes No

Are participants harnessed prior to advancing to the top of zip line platforms? Yes No

Do you provide any services after dark? Yes No

If Yes, please explain: _____

Do participants sign a waiver? Yes No

Explain waiver signing procedure for participants under the age of 18:

Who provides your facilitator training? _____

Do you maintain a written log documenting inspections of course elements? Yes No

All related equipment? Yes No

Do you perform daily visual inspections of the course and equipment? Yes No

Date of last inspection by a professional firm: _____

How often is course inspected: _____

OTHER ATTRACTIONS Yes No – If Yes, complete the following:

Describe: _____

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:

HIRED & NON-OWNED AUTO COVERAGE

Does the Named Insured have any owned vehicles? Yes No
If No, is Hired and Non-Owned Auto coverage requested? Yes No

SAFETY PRACTICES

Rides

		Comment
Rides checked daily	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Ride not operated until corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Written procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Formal check list on file & complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Written scheduled maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Inspected by professionals & documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Regular safety meetings held	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Formal employee training	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Documented training	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Premises

Premises checked daily	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Responsible for security	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
All premises fenced	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fire extinguishers at each ride with current tags	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Housekeeping

Employee dress code	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Documented procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Designated employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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)
- Completed application
- Employee training materials/operating procedures
- A copy of daily inspection reports and any participant waivers
- Detailed information of any claim over \$10,000