



**FAMILY ENTERTAINMENT
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 12 years old? ☐ Yes ☐ No

Speeds: _____

Helmets required with signage? ☐ Yes ☐ No

Minimum age to participate? _____

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

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 and loose clothing secured with signage? ☐ Yes ☐ No

Are drivers instructed by attendant prior to driving? ☐ Yes ☐ No

Requirement for hair longer than shoulder length to be secured? ☐ Yes ☐ No

Is there signage regarding long hair? ☐ Yes ☐ No

SCHEDULE OF ATTRACTIONS, continued

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

Number of tees: _____

Single story? ☐ Yes ☐ No

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

Number of rides: _____

Describe: _____

Attendant operated? ☐ Yes ☐ No

List Rides: _____

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

How is “no head shot” communicated? ☐ Signage ☐ Disqualification

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

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: _____

Minimum age of campers? _____

Policy prohibiting adults alone with a child? ☐ Yes ☐ No

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 ☐ 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: _____

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: _____

OTHER EXPOSURES

- ☐ Dwellings
- ☐ Storage Facilities Off-site
- ☐ Use of Attractions Off-site
- ☐ Owned Autos
- ☐ Long-Term Leased Autos

LIQUOR LIABILITY

(Liquor Liability not available in the following states: (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:

Do you offer drink specials or happy hour? ☐ Yes ☐ No

If Yes, please explain in detail what is offered: _____

Do you have a bar section? ☐ Yes ☐ No

If Yes, what is the occupancy limit for this section? _____

Do you have any of the following?

☐ Concerts ☐ TV Sporting Events ☐ Adult Only Activities ☐ Live Sports ☐ Karaoke ☐ Comedy Club

☐ Other: _____

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	_____
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	_____

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.

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)
- ☐ 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