



Bowling Center Questionnaire

(Attach to an Acord application)

Applicant's name _____				
Address _____				
	Street	City	State	Zip

1) Number of years THIS insured has been operating a bowling center at THIS location? _____

2) Hours of operation during:

- a. Weekdays: _____
- b. Weekends: _____
- c. Seasonal (dates closed): _____

3) Annual gross sales from:

- a. Bowling: \$ _____
- b. Pro shop: \$ _____
- c. Liquor: \$ _____
- d. Food: \$ _____
- e. Entertainment (i.e. concerts, bands, dancing, etc.): \$ _____
- f. Other, _____: \$ _____

4) Other activities: (check if applicable)

- DJ/Live Bands
- Entertainment
- Horseshoe pits
- Softball diamonds
- Slot/video poker machines
- Volleyball courts
- Other sports/athletic activities
- Other patron participation events(i.e. sumo wrestling, bungee, etc.)

If yes, please explain: _____

5) Total cost per lane: (Cost includes individual lanes, ball returns, pin-setting equipment, score projectors, score tables, scoring devices, player seating, spectator benches, etc.) \$ _____

6) Number of lanes: _____

7) Do you or an outside company refinish the lanes? You Outside Company



8) Do you require Certificate of Insurance from refinisher? Yes No

9) Is refinishing material used flammable? Yes No

10) Do you have cooking facilities? Yes No

a. If yes, are all cooking surfaces covered by an UL300 Extinguishing system? Yes No
 If no, property has to be declined.

b. If yes, does the system have a quarterly or semi-annual cleaning and servicing contract? Yes No
 If no, property has to be declined.

c. Is there a 40 BC fire extinguisher in the kitchen? Yes No
 If yes, last date serviced? _____

11) Is there fast food delivery service available? Yes No

12) Have you ever had a bankruptcy or outstanding tax liens? (i.e. property tax, sales tax, unemployment tax, etc.) Yes No

If yes, please explain: _____

13) Insured's website: _____

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature

Date

Agent's Signature

Date