



GENERAL INFORMATION:

Entity Name to be Listed as First Named Insured: _____
(The Business's Legally Filed Name)

Is this business an Incorporation, LLC, Partnership, or Individual entity? _____

Owner's Name(s): _____

Center's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Ph: (____) _____ Fax: (____) _____

Email: _____ Website: _____

Contact Person: _____ Title: _____ Ph: (____) _____

Insured/Applicant Social Security # or Federal EIN #: _____

Years of proprietor management experience: _____ Years of proprietor ownership: _____

No. of Full Time Employees: _____ No. of Part Time Employees: _____ No. of Managers: _____

Are you a member of any national or state BPA's? _____

EXISTING INSURANCE POLICY INFORMATION

Package Policy Carrier: _____ Premium: \$ _____ Renewal Date: _____

Bldg Limit: _____ Deductible: _____ Crime Limit: _____ Deductible: _____

Business Personal Property (BPP) Limit: _____ Deductible: _____

Business Income/Extra Expense Limit: _____

Any losses in the past four years? _____ Loss amount: _____

Umbrella Policy Carrier: _____ Premium: \$ _____ Renewal Date: _____

Umbrella Amount: \$ _____

Any losses in the past four years? _____ Loss amount: _____

Workers Comp Carrier: _____ Premium: \$ _____ Renewal Date: _____

Any losses in the past four years? _____ Loss amount: _____

Employment Practices Liability Insurance (EPLI) Carrier: _____ Premium: \$ _____

Renewal Date: _____

Any losses in the past four years? _____ Loss amount: _____

Earthquake Policy Carrier: _____ Premium: \$ _____ Renewal Date: _____

Retention/Deductible: _____ Any losses in the past four years? _____

PROPERTY COVERAGE INFORMATION

Bldg Sqft: _____ Year Built: _____ No. of Lanes: _____ No. of Stories: _____
Estimated Parking Lot Area: _____ Is your parking area shared? ____ (Yes) ____ (No)
Are Lanes Synthetic? ____ (Yes) ____ (No) Age of Pin Setters: _____ Manufacturer: _____
If wood lanes, year last resurfaced? _____ Type of resurfacing product? _____
Contracted out? ____ (Yes) ____ (No) Insurance Certificate required? ____ (Yes) ____ (No)
Pin refinishing on the premises? ____ (Yes) ____ (No) Red Label products used? ____ (Yes) ____ (No)
Bldg Construction: ____ Wood Frame ____ Tilt-Up ____ Block ____ Brick ____ Steel Other _____
Roof Construction: ____ Wood ____ Gluelam ____ Steel I-Beam Other _____
Yr Last Re- Roofed: _____ Partial or Full? _____ Hail resistant? ____ (Yes) ____ (No)
Roof Covering: ____ Asphalt ____ Fiberglass ____ Tile ____ Hotmop ____ Membrane (select one)
Has your roof ever collapsed? ____ (Yes) ____ (No) If yes, what was the cause? _____

Any structural Engineering Report done on the roof in the last 20 years? ____ (Yes) ____ (No)
Wiring: ____ Romex ____ Aluminum Yr Updated: _____ Breakers? ____ (Yes) ____ (No)
HVAC Type: _____ Yr Updated: _____
Heating Fuel Type: ____ Propane ____ Natural Gas ____ Coal ____ Electric ____ Solar
Plumbing: ____ Copper ____ Galvanized Iron ____ Polyethylene Yr Updated: _____
Are water lines insulated against freezing? ____ (Yes) ____ (No)
Fire Sprinklers: ____ (Yes) ____ (No) % of Facility Covered by Fire Sprinklers? _____
Does the Proprietor Own or Lease the building? _____
If owned, should a mortgage company be listed as Additional Insured? ____ (Yes) ____ (No)
Mortgage Company Name/Address: _____
If leased, should the building owner be listed as Additional Insured? ____ (Yes) ____ (No)
Building Owner Name/Address: _____
Is the bowl shut down due to weather conditions at any time during the year? ____ (Yes) ____ (No)
If Yes, from when to when? _____

CRIME COVERAGES INFORMATION

Does your center have a premises alarm? ____ (Yes) ____ (No) Provider: _____
If the alarm goes off, are police automatically notified or dispatched? ____ (Yes) ____ (No)
Does your center have security cameras? ____ (Yes) ____ (No) Provider: _____
Where do the cameras provide coverage (Interior/Exterior/Parking Areas) _____
Security guards? ____ (Yes) ____ (No) Contracted or In-House? _____
Patrol Days/Hours? _____
Do you have an office safe? ____ (Yes) ____ (No) Manufacturer? _____

LIABILITY COVERAGES INFORMATION

Gross Annual Receipts Total: _____
 Bowling/Shoe Rentals: \$ _____ Liquor Sales: \$ _____
 Food Sales: \$ _____ Arcade: \$ _____
 Pro-Shop (owned only): \$ _____ Lottery: \$ _____
 Vending Machines: \$ _____ Other: \$ _____

If your pro-shop is leased, what is the square footage? _____

Do you offer any of the following activities? If yes, write in revenues.

Laser Tag: \$ _____ Male Review Show: \$ _____
 Miniature Golf: \$ _____ Mud Wrestling or Similar: \$ _____
 Volley Ball Courts: \$ _____ Bumper Cars/Go Carts: \$ _____
 Rock Climbing Walls: \$ _____ Mechanical Bull Riding: \$ _____
 Batting Cages: \$ _____ Other: _____

Do you have any gaming machines or card rooms on the premises? _____ (Yes) _____ (No)

If Yes, describe types of machines/games: _____

What percentage of annual receipts do gaming machines/card rooms provide? _____ %

Restaurants & Snack Bars

1. Does the center have a restaurant, snack bar, or both? _____
2. Does the center have an Ansul Cooking System? _____ (Yes) _____ (No)
3. Do cooking and frying facilities have automatic fuel supply cutoffs? _____ (Yes) _____ (No)
4. Is cooking done under an auto fire suppression system? _____ (Yes) _____ (No)
 - a. If "Yes," who is the system manufacturer? _____
5. Is cooking or frying done under a non-combustible ventilation hood? _____ (Yes) _____ (No)
6. Does the deep fat fryer have a high limit temperature switch? _____ (Yes) _____ (No)
7. Is there a splash shield between the cook top and frying grease unit? _____ (Yes) _____ (No)
8. How often are your hoods cleaned? _____
9. How often is the fire suppression system inspected? _____
10. How often are the filters in the grease hood cleaned? _____
11. Are you using a contracted service company for flew and hood cleaning? _____ (Yes) _____ (No)

Lounge

12. Lounge hours? _____
13. Alcohol is what percent of the total annual receipts? _____ %
14. Is food serviced with liquor? _____ (Yes) _____ (No)
15. Do Servers have TIPS or LEAD training? _____ (Yes) _____ (No)
16. Is there a Designated Driver program in place? _____ (Yes) _____ (No)
17. Is there a happy hour? _____ (Yes) _____ (No)
- a. What are the specials? _____
18. Do you have entertainment? _____ (Yes) _____ (No)
- a. If "Yes," Describe: _____
- b. Are there entertainment contracts? _____ (Yes) _____ (No)
- c. Required to provide a Certificate of Insurance? _____ (Yes) _____ (No)
- d. Dance floor? _____ (Yes) _____ (No)
19. Do you promote/host "Beer Pong" events? _____ (Yes) _____ (No)

Nursery/Added Features:

20. Do you have a supervised kid's play area? _____ (Yes) _____ (No)
- a. Hours open? _____
- b. Do you do background checks on all child supervisors? _____ (Yes) _____ (No)
- c. Is the play area open to plain viewing from the outside? _____ (Yes) _____ (No)
21. Is your center part of a "Fun Center" with multiple rides and games? _____ (Yes) _____ (No)
22. Has your center ever been sued for molestation or child abuse? _____ (Yes) _____ (No)

By signing below, the undersigned agrees that the information provided in this questionnaire is accurate and true to the best of the knowledge. The above information is considered a warranty on the part of the insured and will be used in developing an insurance quote.

Owner/Officer's Printed Name

Agency Name

Signature & Title

Date

Agent's Signature

Date