



**Western Bowling
Proprietors Insurance**
www.wbpiprogram.com

Renewal Form

Center Name: _____ Location: _____

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

Email Address: _____ Fax: _____

1. Estimated gross receipts from bowling: \$ _____

(Includes shoe rental, locker rental, and all other rental income)

2. Estimated gross receipts from food sales: \$ _____

a. If the restaurant or snack bar is leased, what is the square footage of each?

3. Estimated gross receipts from Liquor sales: \$ _____

4. Estimated gross receipts from Pro-Shop: \$ _____

a. If Pro-Shop is leased, what's the square footage? _____

5. Estimated Gross Receipts in any of the categories below?

Laser Tag: \$ _____

Rock Climbing Walls/Games: \$ _____

Miniature Golf: \$ _____

Gambling Operations: \$ _____

Volley Ball Courts: \$ _____

Batting Cages: \$ _____

Bumper Cars/Go-cart Tracks: \$ _____

Other: \$ _____

Have you added any new features, attractions, or exposures to your business since last year? (Example: Formerly Owned Pro-Shop is now leased; a play structure has been installed; a poker room was opened) If Yes, Describe:

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: