

BOWLING ALLEY – SUPPLEMENTAL QUESTIONNAIRE

Applicant Name: _____
Location Address: _____

Website: _____

Facility Name: _____
Mailing Address: _____

BUILDING INFORMATION

1. Building Construction: _____ Square footage: _____
2. Year Constructed: _____
If over 15 years old, please provide date and description of last update:
Electric _____
Heating _____
Plumbing _____
Roof _____
3. Protective Devices:
 - Is the building protected by a sprinkler system? No Yes
 - Is there a fire/smoke alarm system No Yes
 - Is the system monitored by a central station? No Yes
 - Building equipped with an emergency backup lighting system? No Yes
4. Age of the ball return equipment: _____ Maintenance frequency? _____
5. Number of exits: _____

BOWLING ACTIVITIES

6. Total years in business: _____
7. Number of lanes: _____
8. Hours of operation: _____ until _____
9. Total bowling alley receipts _____ (excluding food/liquor, banquet hall, & proshop)
10. Lane Construction: Wood Synthetic
11. Finish: Oil/Lacquer Water Based
12. Any pin refinishing done on premises? No Yes
13. Any flammable liquids stored on premises? No Yes
If "Yes," list products and quantities _____
14. Percentage of business from:
 - League Play _____
 - Open Play _____
 - Do you sponsor tournaments? No Yes
Maximum attendance? _____
15. Do you have a pro shop on premises? No Yes
 - Staffed by employees? No Yes
If "Yes," what are the sales? _____
 - Is the pro shop space rented to an independent contractor? No Yes
If "Yes," square footage of pro shop: _____
Certificates of Insurance obtained? _____
Is the bowling alley named additional insured? _____
16. Does the insured inspect and disinfect rental bowling shoes after each use? No Yes

OTHER RECREATIONAL ACTIVITIES

- 17. Do you have a game room? No Yes
- 18. Do you have a pool/billiards room? No Yes
If "Yes," how many pool tables? _____
- 19. Do you provide childcare services? No Yes
If "Yes," describe: _____
Who operates the childcare area? Employees Independent Contractor
 - a. If Employees, please provide a day care supplemental application
 - b. If Independent Contractor:
 - i. Certificates of Insurance Obtained? No Yes
 - ii. Insured named additional insured w/ hold harmless? No Yes
 - iii. Square footage of the childcare area: _____
- 20. Any other activities or business operations? No Yes
If "Yes," please describe: _____

RESTAURANT/LOUNGE/VENDING EXPOSURE

- 21. Please check all that apply:
 - Vending machines operated by the insured Sales: _____
 - Restaurant - Food Sales: _____ Liquor Sales: _____
 - Bar - Food Sales: _____ Liquor Sales: _____
 - Banquet hall - Food/Rental/Liquor Sales _____ Square footage: _____
- 22. Who operates the snack bar/restaurant/lounge? Employees Independent Contractor
If an Independent Contractor:
 - a. Square Footage: _____
 - b. Certificate of Insurance Obtained? No Yes
 - c. Insured named as additional insured? No Yes
- 23. Are all cooking surfaces protected by a hood and duct system? No Yes
- 24. Do you have a service contract with a contractor to clean the hood and duct system? No Yes
If "Yes," frequency of visits? _____
- 25. Is there an automatic extinguishing system? No Yes
- 26. Do you have a deep fat fryer on the premises? No Yes
- 27. Are food and beverages permitted in the bowling area? No Yes
- 28. If there is a Bar/Lounge/Banquet Hall exposure:
 - a. Is there a separate outside entrance to the area? No Yes
 - b. Live entertainment? No Yes
If "Yes," describe: _____
 - c. Is there a dance floor? No Yes
If "Yes," square footage: _____
 - d. Any form of security provided? No Yes
If "Yes," please describe: _____

PARKING LOT EXPOSURE

- 29. Is the insured responsible for parking lot maintenance? No Yes
- 30. Parking lot square footage _____
- 31. If applicable, snow and ice removal is done by: Employees Independent Contractor
If by Independent Contractor:
 - a. Certificate of Insurance Obtained? No Yes
 - b. Insured named as additional insured w/hold harmless? No Yes

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant Signature _____ Date _____
 Producer Signature _____ Date _____