

Bowling Center Information Supplement – Brown & Brown Insurance



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Insured's Legal Name: _____

Entity Type: Sole Proprietor Partnership Corporation Other _____

Location Address: _____

City: _____ County _____ State: _____ Zip: _____

Mailing Address (If different): _____

Phone: _____ Fax: _____

Email: _____

Business Tax ID Number: _____

Web Site: _____

Annual Gross Revenues:	<u>NEXT 12 MONTHS</u>
Bowling (including Shoe Rental)	\$ _____
Restaurant/Snack Bar	\$ _____
Pro Shop	\$ _____
Arcade	\$ _____
Liquor	\$ _____
Vending	\$ _____
Laser Tag	\$ _____
Mini Golf	\$ _____
Bumper Cars	\$ _____
Batting Cages	\$ _____
Go Carts, Skating Rink, Billiards	\$ _____
Inflatables	\$ _____
Other (Please Describe)	\$ _____

BOWLING ACTIVITIES

1. Total Years in Business: _____ At This Location: _____
 Hours of Operation: Sun: _____ Mon-Thur: _____ Fri-Sat: _____
 Total number of employees? Full Time: _____ Part Time: _____
2. Number of Lanes: _____
 Do you contract lane refinishing Yes No
3. Lane Construction Wood Synthetic
4. Lane Finish: Lacquer
 Flammable means Polyurethane – if flammable, need Product Code _____
 the flash point is Urethane – if flammable, need Product Code _____
 less than 80 degrees Water Based
5. Are ball racks secured/anchored to the floor? Yes No
6. Does your bowling center have automatic
 Scoring equipment? Yes No
7. Are any flammable liquids stored on premises? Yes No
 If Yes, list products & quantities: _____
 Are all flammable liquids stored in UL approved containers? Yes No

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8. Percentage of business from:
League activity: _____ Open Play: _____
9. **Distance to water if coastal:** _____
10. Do you sponsor any professional tournaments? Yes No
If Yes, list events and sponsoring organization: _____

If Yes, are certificates of insurance obtained from
sponsoring organization? Yes No
11. Do you have a pro shop on premises? Yes No
Is your pro shop: Employee Independent Contractor
If an Independent Contractor, is insurance placed elsewhere? Yes No
If leased to a third party, please provide the square footage: _____
(Certificate of Insurance is required)

OTHER RECREATIONAL ACTIVITIES:

12. Does your bowling center have amusement devices? Yes No
If Yes, indicate number of each:
Electronic Games _____ Pool Tables _____ Pinball Machines _____
Mechanical Bulls _____ Dart Machines _____ Gaming Machines _____
Other (Describe) _____
Leased or Owned: _____
If the bowling center has dart boards, are they
isolated from the other patrons? Yes No
13. Do you lease your facility for birthday parties or banquets? Yes No
Please describe the type of Banquets? _____
14. Do you provide child care services? Yes No
If Yes, what is the maximum number of children at any one time? _____
What is the ratio of adults to children? _____
What is the minimum age of childcare staff? _____
What is the minimum age of children? _____
Do you perform background checks on your adult
staff, whether volunteers or paid employees? Yes No
15. Any other activities or business operations? Yes No
Please Describe: _____

RESTAURANT / SNACK BAR EXPOSURE:

16. Please check all that apply:
 Snack Bar Restaurant Bar Banquet Hall
Is the restaurant leased to a third party? Yes No
If Yes, provide the square footage of the restaurant/snack
bar (certificate of insurance is required). _____
17. Are all cooking surfaces protected by a hood and duct system? Yes No
Do you have a service contract with a
contractor to clean the hood and duct system? Yes No

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18. Is there an automatic extinguishing system? Yes No
What type of automatic extinguishing system is in place? _____
UL300: Wet Dry
How often is the system serviced and maintained?
 Monthly Quarterly Semi-Annual Annual
When was the system last inspected and serviced? _____
19. Do you have a deep fat fryer on premises? Yes No
20. Are portable fire extinguishers provided in the kitchen? Yes No
Last Service Date: _____
21. Are food and beverages permitted in the bowling area Yes No

BUILDING INFORMATION

22. Year Constructed: _____
If over 20 years old, please provide date and description of last update to:
Electric: _____
Heating: _____
Plumbing: _____
Roof: _____
23. Roof type (flat, bowstring truss, etc): _____
If bowstring truss, date of last inspection: _____
(attach copy of engineering report)
24. Building Construction: Block Metal Frame Other _____
25. Building Area in Square Feet: _____
26. Building Coverage Amount _____ Contents Coverage Amount _____
Deductibles On Each _____ Attached Signs Amount _____
Detached Signs Amount _____ # of Outside Lightpoles _____
Lightpole Coverage Amt _____
27. Protective Devices:
Is building protected by a sprinkler system? Yes No
Does the bowling center have any alarm systems? Yes No
If yes, what type? Smoke/Heat Burglary Fire
Name of alarm monitoring service: _____
28. Parking Lot: Paved Gravel Dirt Lighted Other: _____
Security Cameras? Yes No
29. Who is your responding Fire Department? _____
Miles to Station: _____ Number of feet from Hydrant: _____
30. Which of the following does the Center use to minimize damage from lightning:
 Overload Circuit Breakers In-Line Lightning Resistors
 Surge Protectors Ground Fault Circuit Interrupters
 Other: _____

NON-OWNED / HIRED AUTOMOBILE COVERAGE

31. Do you have a business auto policy for owned autos? Yes No

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32. List of all drivers, drivers license numbers and date of birth
(required for Nonowned/Hired Auto Coverage)

Driver	License Number	Date of Birth

BAR / LOUNGE / BANQUET EXPOSURE

33. Liquor License name: _____
34. Liquor License Number: _____ Class of License: _____
35. Has your alcoholic beverage license ever been revoked or suspended? Yes No
If Yes, explain: _____
36. Have you had any occurrences that have arisen out of the sale of any alcoholic beverage? Yes No
37. Has your liquor liability insurance been canceled or non-renewed in the last 3 years? Yes No
If Yes, explain: _____
38. Have you ever been fined by alcoholic beverage control or other governmental regulator? Yes No
If Yes, explain: _____
39. Have you ever filed for Bankruptcy? Yes No
If Yes, explain: _____
40. Type of alcoholic beverages sold: _____ What proof? _____
41. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
If Yes, what type? _____
42. Number of servers used: _____
Professional? (2 years bartender experience or more?) Yes No
Non-Professional (no bartender experience) Yes No
Explain: _____
43. Are all alcohol-serving employees certified in a formal alcohol training course? Yes No
If Yes, provide name of course: _____
 TIPS TAM RAMP BEST OTHER: _____
44. At what location are IDs checked and how often? _____
45. In what size container are alcoholic beverages served? _____
 Glass/Cup _____ oz Pitcher _____ oz Other: _____ oz
46. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Yes No
Explain: _____
47. Do you serve beer or alcohol from “bar carts”? Yes No
48. Hours of operation for the bar / lounge:
Monday through Thursday _____ Saturday _____
Friday _____ Sunday _____

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49. Is there a separate outside entrance to the bar or Lounge Area? Yes No
 50. Does bowling center feature any entertainment? Yes No
 How often? _____

Type of entertainment featured:

- DJ Jukebox Karaoke
 Solo Vocalist Band (1-3 members) Band (4+ members)
 Other: _____

If musical entertainment, what type?

- Top 40's / Pop Classic Rock Soft Rock Alternative
 Country Jazz R&B Rap Other: _____

Is dancing permitted? Yes No

Is there a dance floor? Yes No

If Yes, size of dance floor: _____ Sq.Ft. Bar/Restaurant _____ Sq.Ft. = _____ %

Is there a minimum or cover charge? Yes No

51. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No
 52. Is there any type of designated driver program in effect? Yes No

53. **SECURITY**

EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time					
Part-Time					

54. Are rules and regulations clearly displayed for patrons' viewing? Yes No
 Explain: _____

55. Other promotional activities or events? _____

56. Type of clientele: Area Residents Area Workers Tourists
 College Other: _____

57. Average age of patrons: _____
 Percentage of clientele: Under 25 _____ 25-30 _____ Over 30 _____

58. Current Liquor Carrier: _____
 Limits: \$ _____
 Premium \$ _____

Limits of Liquor Liability Requested:

- Each Common Cause: \$500,000/\$500,000
 \$1,000,000/\$1,000,000
 Aggregate: \$500,000/\$500,000
 \$1,000,000/\$1,000,000

59. Is an Additional Insured needed?
 Name: _____
 Address: _____
 Describe Interest: _____

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Applicant’s Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Signature of Applicant

Title

Date

Please Fax or attach copy of your insurance certificate or binder showing current dates of coverage and carrier information.

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Disclaimers

NOTICE TO APPLICANTS: 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, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICATIONS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON A N APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

NOTICE TO NEW MEXICO APPLICATIONS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO TENNESSEE APPLICATIONS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”