



### 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 \_\_\_\_\_