



BOWLING CENTER APPLICATION

SUBMISSION REQUIREMENTS

- Completed signed / dated Supplemental Applications
- Completed ACORD Applications (Property, Auto and Umbrella Liability) if coverages requested
- 5 years currently valued loss runs
- If other named insureds are to be included, attach list and describe operations of each

BROKER INFORMATION

Broker/Agency Name:			
Address:	City:	State:	Zip:
Contact Person:			
Contact Information:	Phone #:	Fax #:	
	E-Mail:	Website:	

GENERAL APPLICANT INFORMATION

Name of Insured:				Website:		
Insured Street Address:			City:	State:	Zip:	
Contact Person:						
Contact Information:	Phone #:		Fax #:			
	E-Mail:					
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:	
Has applicant ever filed for bankruptcy?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does insured own or lease premises? If other occupants, describe:					<input type="checkbox"/> Own	<input type="checkbox"/> Lease
Years in Business:						
Please provide details of the management experience (include number of years under present management):						
Describe in detail the nature of the operations:						

POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:
Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs.	Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:	

*Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000



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**UNDERWRITING INFORMATION
BOWLING INFORMATION**

Number of lanes:	
Does insured contract lane refinishing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lane construction: <input type="checkbox"/> Wood <input type="checkbox"/> Synthetic
Are warning signs posted to not cross the foul line? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lane Finish: (flammable means the flash point is less than 80°) <input type="checkbox"/> Lacquer <input type="checkbox"/> Polyurethane – if flammable, need product code: <input type="checkbox"/> Urethane – if flammable, need product code: <input type="checkbox"/> Water Based	
Does the insured inspect and disinfect rental shoes after each use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any pin refinishing done on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If contracted, are certificates of insurance obtained?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Limit of insurance carried by subcontractor: \$ _____	
Are ball racks secured / anchored to the floor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does insured's bowling center have automatic scoring equipment? <i>When was automatic scoring equipment installed?</i>	
Are any flammable liquids stored on premises? <i>If Yes, list products and quantities:</i>	
Are all flammable liquids stored in UL approved containers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Percentage of business from: _____ League Activity % _____ Open Play %	
Does insured sponsor any professional tournaments? <i>If Yes, attach list of events and sponsoring organization.</i>	
If Yes to above, are certificates of insurance obtained from sponsoring organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Does insured have a Pro shop on premises? Is insured's Pro an: <input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor <i>If Independent Contractor, is insurance place elsewhere?</i> <i>If leased to a third party, please provide the square footage:</i>	
Does insured have cosmic bowling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does insured have a fog machine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many years' experience of lane mechanic?	

RESTAURANT / SNACK BAR EXPOSURE

Please check all that apply: <input type="checkbox"/> Snack Bar <input type="checkbox"/> Restaurant <input type="checkbox"/> Bar <input type="checkbox"/> Banquet Hall	
Is the restaurant leased to a third party? <i>If Yes, provide the square footage of the restaurant/snack bar: _____</i> <i>Attach certificate of insurance.</i>	
Are all cooking surfaces protected by a hood and duct system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does insured have a services contract with a contractor to clean the hood and duct system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an automatic extinguishing system? <i>If Yes, what type of system is in place? _____</i>	
If Yes to above, how often is the system serviced and maintained? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> N/A	
Does insured have a deep fat fryer on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are portable fire extinguishers provided in the kitchen? <i>If Yes, last service date: _____</i>	
Are food and beverages permitted in the bowling area? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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SAFETY INFORMATION

Are all curbs, steps and ledges highlighted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does facility comply with ADA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you contemplating any demolition, new construction or structural alterations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please describe:</i>	
Is the facility in compliance with all governmental safety and fire codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal emergency evacuation plan? <i>If Yes, provide a copy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the fire alarm system – central station, local alarm, etc.:	
Are all fire extinguishers easily accessible in all buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they checked: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other – please describe:	
Do you have fire extinguishers located in all buildings, at all attractions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the burglar alarm system:	
Does the facility have back-up emergency lighting or generators:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all entrances and exits well marked: <input type="checkbox"/> Yes <input type="checkbox"/> No	How many exits are in the facility?
Are there any security cameras in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BUILDING INFORMATION

Year constructed: _____	
Year of updates: Electric: _____ Heating: _____ Plumbing: _____ Roof: _____	
Roof type (flat, wood bowstring truss, metal, membrane, etc.): _____	
Building Construction: <input type="checkbox"/> Block <input type="checkbox"/> Metal <input type="checkbox"/> Frame <input type="checkbox"/> Other: _____	
Building Area: _____ square feet	
Is building 100% sprinklered including pin setting areas? (must be ISO rated)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all areas of buildings with wet pipe sprinkler systems (hidden or unhidden) maintained at a minimum temperature of 40° F, and / or provided with proper insulation or heat tracing to prevent pipe freeze-ups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Station Alarms? <i>If yes, what type?</i> <input type="checkbox"/> Smoke/Heat <input type="checkbox"/> Burglar <input type="checkbox"/> Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No
If PC 7 or above, need responding fire department: _____ Miles to station _____ miles	
Which of the following does the center use to minimize damage from lightning? <input type="checkbox"/> Overload Circuit Breakers <input type="checkbox"/> In-Line Lightning Resistors <input type="checkbox"/> Ground Fault Circuit Interrupters <input type="checkbox"/> Surge Protectors <input type="checkbox"/> Other: _____	

PARKING AREA INFORMATION

Describe Parking Area: type of surface, level, sloped, lighting etc.:	
Does Parking Area have security cameras or video surveillance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide valet parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parking Area Security Patrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Parking Area have sufficient lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is responsible for snow and ice removal? <i>If Contracted, is there a contract in place?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	



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REVENUE BREAKDOWN



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Description	Past 12 Months Gross Receipts	Projected 12 Months Receipts
Bowling (including shoe rental)	\$	\$
Restaurants / Snack Bar	Food Liquor	\$ \$
Pro Shop	\$	\$
Arcade	\$	\$
Bar / Lounge	Food Liquor	\$ \$
Banquet Hall	Food Liquor	\$ \$
Off Site Catering	\$	\$
Retail Sales	\$	\$
Other – Describe:	\$ \$ \$	\$ \$ \$
Total Receipts	\$	\$

AMUSEMENT DEVICES / ARCADE

Coin Operated Amusements

Annual Receipts: \$	
Number of Amusements:	Number of attendants:
Is equipment owned or leased?	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
Are machines properly grounded?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LIQUOR LIABILITY

Has Applicant's alcoholic beverage license ever been revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Applicant had any occurrences that have arisen out of the sale of any alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Applicant's liquor liability insurance been canceled or non-renewed in the last three (3) years? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Types of beverages sold: _____% Beer _____% Wine _____% Other: _____	
Are patrons allowed to carry alcoholic beverages onto the premises? <i>If yes, what type:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all employees and/or volunteers that serve alcohol certified in a formal alcohol training course? <i>If yes, provide name of course:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a limit placed on the quantity of alcoholic beverages purchased at one time? <i>If yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Bar/Restaurant open when bowling lanes are closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does bowling center feature any entertainment? <i>If yes, how often:</i> Type of entertainment featured: <input type="checkbox"/> DJ <input type="checkbox"/> Jukebox <input type="checkbox"/> Karaoke <input type="checkbox"/> Solo Vocalist <input type="checkbox"/> Band (1-3 members) <input type="checkbox"/> Band (4+ members) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is dancing permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a dance floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a minimum or cover charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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HIRED AND NON-OWNED AUTO LIABILITY

Complete this section if you need a quote for Hired and Non-Owned Auto Coverage. If you do not need a quote for Hired and Non-Owned, skip this section.

Does the insured have any owned automobiles? <i>If Yes, who is the insurer?</i> Limits of coverage: \$ _____ Effective date of coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured allow employees to use their own personal vehicles for business purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If insured allows employees to use their own personal vehicles, how many employees use their personal vehicles?:	
If insured allows employees to use their own personal vehicles, indicate the frequency of use: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
Does insured obtain Motor Vehicle Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? <i>If Yes, what limits are required? \$ _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a driver training program for employees who use owned vehicles or their own personal vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of coverage required: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other	

ABUSE AND MOLESTATION

Complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote, skip this section.

Does the insured have custodial responsibility for minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured's employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured run background checks on all employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a written set of procedures for screening employees and volunteers? <i>If Yes, please forward. If No, please describe screening process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have an Abuse & Molestation Policy with regard to sexual abuse? <i>If yes, provide copy of policy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe specific policy regarding any overnight travel.	
Has insured's organization ever had an incident which resulted in an allegation of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate age range of minors in insured's care or under the supervision of insured's employees/volunteers at any time.	



I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____



THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

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.

APPLICABLE IN FLORIDA

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

Any person who knowingly and with intent to defraud any insurance company or another 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, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

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 fines and confinement in prison.

APPLICABLE IN OHIO

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.

APPLICABLE IN OKLAHOMA

Warning: 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.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN WASHINGTON

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.