



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:			
Are you a BPAA member?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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*



**UNDERWRITING INFORMATION
BOWLING INFORMATION**

Number of lanes:				
Does insured contract lane refinishing?	Yes	No	Lane Construction:	Wood Synthetic
Are warning signs posted on each lane to not cross the foul line?			Yes	No
Are warning signs posted to do not put hands in the ball return on each ball return?			Yes	No
Are warning signs posted to do not touch bumpers:			Yes	No
Are lockers properly secured to the wall?			Yes	No
Are signs posted to prohibit storage of items on top of the lockers?			Yes	No
Lane Finish: (flammable means the flash point is less than 80°)				
Lacquer				
Polyurethane – if flammable, need product code:				
Urethane – if flammable, need product code:				
Water Based				
Does the insured inspect and disinfect rental shoes after each use?			Yes	No
Any pin refinishing done on premises?			Yes	No
<i>If contracted, are certificates of insurance obtained?</i>			Yes	No
Limit of insurance carried by subcontractor? \$ _____				
Are all ball racks securely anchored to the floor?			Yes	No
Does insured's bowling center have automatic scoring equipment?			Yes	No
<i>When was the automatic scoring equipment installed?</i>				
Are any flammable liquids stored on premises?			Yes	No
<i>If Yes, list products and quantities?</i>				
Are all flammable liquids stored in UL approved cabinets?			Yes	No
Percentage of business from: _____ League Activity % _____ Open Play %				
Does insured sponsor any professional tournaments?			Yes	No
<i>If Yes, attach list of events and sponsoring organization.</i>				
If Yes to above, are certificates of insurance obtained from sponsoring organization?			Yes	No
Does insured have a Pro shop on premises?			Yes	No
Is insured's Pro an: Employee Independent Contractor				
<i>If Independent Contractor, is insurance placed elsewhere?</i>			Yes	No
<i>If leased to a third party, please provide the square footage:</i>				
Does insured have cosmic bowling?			Yes	No
Does insured have a fog machine?			Yes	No
How many years' experience of lane mechanic?				
Are there any childcare and/or after school programs?			Yes	No
<i>If Yes, describe all programs where parents leave the child unattended:</i>				

RESTAURANT / SNACK BAR EXPOSURE

Please check all that apply:				
Snack Bar	Restaurant	Bar	Banquet Hall	
Is the restaurant leased to a third party?			Yes	No
<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 UL-approved hood and duct system?			Yes	No
Does insured have a services contract with a contractor to clean the hood and duct system?			Yes	No
Is there an UL approved automatic extinguishing system?			Yes	No
<i>If Yes, what type of system is in place?</i>				
If Yes to above, how often is the system serviced and maintained by a licensed commercial kitchen contractor?				
Does insured have a deep fat fryer on premises?			Yes	No



Are portable fire extinguishers provided in the kitchen?	Yes	No
Are signs posted prohibiting food and beverage on the bowling approaches?	Yes	No

SAFETY INFORMATION

Are all curbs, steps and ledges highlighted?	Yes	No	Does facility comply with ADA?	Yes	No
Are you contemplating any demolition, new construction or structural alterations? <i>If Yes, please describe:</i>			Yes	No	
Is the facility in compliance with all governmental safety and fire codes?			Yes	No	
Are all fire extinguishers easily accessible in all buildings?			Yes	No	
Are they checked: Monthly Annually Other – please describe:					
Does the facility have back-up emergency lighting or generators?			Yes	No	
Are all entrances and exits well marked?	Yes	No	How many exits are in the facility?		
Are there any security cameras in place?			Yes	No	

BUILDING INFORMATION

Year constructed:					
Year updated/replaced is required if building is over 25 years old:					
	Electric	Heating	Plumbing	Roof	
Are there any Federal Pacific Stab Lok electrical panels present?			Yes	No	
Roof type: Pitched Flat Bowstring truss (metal or wood truss inspection required) Other:					
Roof material: Asphalt shingles Rubber membrane Metal Other:					
Building construction: Block Metal Frame Other:	Building Area:		square feet		
Is building 100% sprinklered including pin setting areas? (must be ISO rated)			Yes	No	
Are all areas of building 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?			Yes	No	
Do you have Central Station Alarms? <i>If Yes, what type? Smoke/Heat Burglar Fire</i> <i>If No, describe the type of fire and burglar alarm systems:</i>			Yes	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? Overload Circuit Breakers In-Line Lightning Resistors Ground Fault Circuit Interrupters Surge Protectors Other:					

PARKING INFORMATION

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



REVENUE BREAKDOWN

Description	Past 12 Months Gross Receipts	Projected 12 Months Receipts
Bowling (including shoe rental)	\$	\$
Restaurants / Snack Bar	Food \$ Liquor \$	\$ \$
Pro Shop	\$	\$
Arcade	\$	\$
Billiards	\$	\$
Escape Room(s)	\$	\$
Laser Tag	\$	\$
Other FEC Activities	\$	\$
Bar / Lounge	Food \$ Liquor \$	\$ \$
Banquet Hall	Food \$ Liquor \$	\$ \$
Off Site Catering	\$	\$
Retail Sales	\$	\$
Youth Programs	\$	\$
Other – Describe:	\$ \$ \$	\$ \$ \$
Total Receipts	\$	\$

AMUSEMENT DEVICES / ARCADE

Coin Operated Amusements

Annual Receipts: \$	
Number of Amusements:	Number of attendants:
Is equipment owned or leased?	Yes No
Are machines properly grounded?	Yes No

LIQUOR LIABILITY

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



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>	Yes	No
Limits of coverage: \$	Effective date of coverage:	
Does insured allow employees to use their own personal vehicles for business purposes?	Yes	No
Are owned autos used to transport customers?	Yes	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: Daily Weekly Monthly Other:		
Does insured obtain Motor Vehicle Reports?	Yes	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>	Yes	No
Does insured have a driver training program for employees who use owned vehicles or their own personal vehicles?	Yes	No
Limits of coverage required: \$100,000 \$300,000 \$500,000 \$1,000,000 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?	Yes	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?	Yes	No
Does insured run background checks on all employees and volunteers?	Yes	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>	Yes	No
Does insured have a written Abuse & Molestation Policy with regard to sexual abuse? <i>If Yes, please provide copy of policy.</i>	Yes	No
Describe specific policy regarding any overnight travel.		
Has insured's organization ever had an incident which resulted in an allegation of sexual abuse?	Yes	No
Please indicate age range of minors in insured's care or under the supervision of insured's employees/volunteers at any time.		



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I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept his 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#: _____

FRAUD STATEMENTS

GENERAL STATEMENT

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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Applicable in all states except those specifically identified below).

APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)* 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)** confinement in prison. *Applies in MD only. ** Applies in NM only.

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 KENTUCKY, NEW YORK, AND PENNSYLVANIA

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)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**.*Applies in NY and PA only. **Applies in NY Only.

NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.”

PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

APPLICABLE IN MASSACHUSETTS and NEBRASKA

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 MAINE, TENNESSEE, VIRGINIA, and 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 (may)* include imprisonment, fines, and denial of insurance benefits. * Applies in ME Only.



TENNESSEE – WC ONLY

Workers Compensation: “It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.”

APPLICABLE IN MINNESOTA

A 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 NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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 OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.