

Supplemental Application – Bowling Alleys & Billiards Halls

Applicant Name: _____	Date: _____
Location Address: _____	
Web Site: _____	

Business Information:

Years experience of mgmt. at this location: _____ Total years experience in this industry: _____

Any prior bankruptcies or liquidations? Yes No Describe: _____

Hours of operation: Mon. – Thu. Fri. Sat. Sun.

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Premises Information:

When were updates for:

- Electricity: _____ Partial or complete? _____
- Plumbing: _____ Partial or complete? _____
- Roofing: _____ Partial or complete? _____
- HVAC: _____ Partial or complete? _____

Are buildings sprinklered? Yes No Percentage: _____

Are there smoke detectors? Yes No Hard wired or battery operated? _____

Are there fire alarms? Yes No Central station, local or pull alarms? _____

Is there aluminum wiring on premises? Yes No Describe: _____

 Is the aluminum wiring repaired? Yes No Describe: _____

Clearly marked fire exits? Yes No Secondary means of egress on each floor? Yes No

Emergency lighting in common areas? Yes No

Is there a parking lot located on premises? Yes No

 Is the parking lot owned, operated & maintained by applicant? Yes No

 What is the size of the parking lot? _____

Bowling:

Number of bowling lanes: _____ Lane construction (wood or synthetic): _____
Do you contract lane refinishing? Yes No Type of lane finishes (Oil or Water base): _____
Do you refinish pins in-house? Yes No
Is there a Pro Shop on premises? Yes No Is the Pro Shop leased to a third party? Yes No
Are there any daycare facilities or children's party facilities? Yes No

Liquor Liability: Check here if no Liquor is sold or furnished

Have you ever had your liquor license revoked or suspended? Yes No Describe: _____
Have you ever had any prior liquor citations or law violations? Yes No Describe: _____
In the last 5 years, have you had any liquor or dram liability claims? Yes No Describe: _____
Do all servers receive formal Alcohol Awareness training? Yes No Describe: _____
Do you sponsor any drink specials (i.e., 2-for-1, ladies night, etc.)? Yes No Describe: _____
Do you have any package sales? Yes No Describe: _____
Do you have any drive-thru facilities? Yes No Describe: _____
Do you admit anyone under 21? Yes No Describe: _____

Age of clientele (percentages):

Under 21	21 thru 30	31 thru 40	Over 40
_____	_____	_____	_____

Are patrons allowed to bring in their own alcoholic beverages? Yes No
Are you open later than other establishments in the area? Yes No
Do you provide cab service or have a designated driver program? Yes No
Is there any off-premises liquor catering? Yes No

Entertainment: Check here if no Entertainment

- Is there a dance floor? Yes No Sq. footage: _____
- Are there any mechanical devices? Yes No Describe: _____
- Are there any gambling devices or tables? Yes No Describe: _____
- Are there any pool or billiards tables? Yes No Describe: _____
- Are there any other athletic events? Yes No Describe: _____
- Are there any promotional events (such as Teen Night, Wet T-Shirt or Foam Contests)? Yes No Describe: _____
- Are there any special activities (such as mud wrestling, bungee jumping, Velcro suits or mosh pits)? Yes No Describe: _____
- Other special or promotional activities? Yes No Describe: _____

LIVE Entertainment: Check here if no LIVE Entertainment

- Is there a DJ or karaoke? Yes No Describe: _____
- Is there any topless or Go-Go dancing? Yes No Describe: _____
- Are there any comedians or stand-up entertainers? Yes No Describe: _____
- Any live bands: - Country? Yes No No. nights per week: _____
- Piano/Solo Acts? Yes No No. nights per week: _____
- Rock/Disco? Yes No No. nights per week: _____
- Other? Yes No No. nights per week: _____
- Are there any national known performers? Yes No Describe: _____
- Are there any promoters? Yes No Describe: _____
- Any special effects: - Lighting/Sound? Yes No
- Smoke? Yes No
- Pyrotechnics? Yes No
- Other live entertainment? Yes No Describe: _____

Restaurant/Cooking Exposure: Check here if no Cooking Exposure

Is there cooking done on the premises? Yes No

Any sub-contracted cooking facilities? Yes No Is indemnity ins. required? Yes No

Type of cooking - Deep Fat Fryers? Yes No

- Griddles? Yes No

- Grill/BBQ Pit? Yes No

Does establishment serve any raw seafood? Yes No

Are there any banquet facilities? Yes No Square footage: _____

Maximum occupancy: _____

Any off-premises catering? Yes No Describe: _____

Is there an automatic suppression system over all cooking surfaces? Yes No Is there an automatic shut-off? Yes No

Is there an independent cleaning contract for hoods & ducts? Yes No How often is system cleaned? _____

Have there been any Health Dept. violations? Yes No Describe: _____

Security:

Are there any employee bouncers or security guards? Yes No Are they armed? _____

Are there any third-party bouncers or security guards? Yes No Are they armed? _____

Are there any off-duty uniformed policemen? Yes No Are they armed? _____

Are there any ID checkers? Yes No Describe: _____

Are there any weapons on premises? Yes No Describe: _____

Gross Receipts:

<u>Bowling Operations</u>		<u>Bar/Lounge</u>		<u>Restaurant</u>	
Sales/receipts	_____	Food	_____	Food	_____
Rentals	_____	Liquor	_____	Liquor	_____
Other	_____	Other	_____	Other	_____
Total	_____	Total	_____	Total	_____

Representation & Warranty Statement:

I have read this Application and I represent that all of the foregoing statements are true and accurate and that these statements are offered as the basis upon which Apex is considering issuance of an insurance policy. Any missing or erroneous information in this Application may jeopardize coverage in the event of a claim under any policy issued by Apex.

WARNING: 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.

Applicant: _____ **Title:** _____ **Date:** _____