



BOWLING CENTER SUPPLEMENTAL APPLICATION

Named Insured: _____

1. Annual gross sales: \$ _____ Total
_____ Food _____ Alcohol _____ Bowling _____ Pro Shop
Other (please describe) _____

2. Food delivery? Yes No

3. Hours: Weekdays _____ Weekends _____ Seasonal (dates closed) _____

4. Do you have cooking facilities? Yes No

If Yes:

Is there an operational Automatic Extinguishing System over all cooking surfaces? Yes No

Is there a service & cleaning agreement in place for the Automatic Extinguishing System which guarantees cleaning every 6 months at a minimum? Yes No

Is there a professional service contract in place to clean the hoods, vents and ducts at least quarterly? Yes No

5. Are hazard appropriate fire extinguishers provided in all areas? Yes No

Is there an annual service contract in place for all fire extinguishers? Yes No

6. Entertainment: (Check if applicable)

DJ/Live Bands Number of times per week: _____

Dancing (for exotic, topless, nude or similar type of dancing refer to Nightclub class 15656)

Slot/video poker machines # _____

Other Amusement or Athletic Facilities or Events _____

Explain: _____

7. What material are the lanes?

Wood Composite

8. What finish is used on the lanes?

Oil based finish Water based finish

9. Who refinishes lanes? _____

Do you require an Insurance Certificate from refinisher? Yes No

Is business closed during refinishing? Yes No

Applicant's Signature: _____

Date: _____