

Capitol Indemnity Corporation

P.O. Box 5900
Madison, WI 53705

BOWLING CENTER QUESTIONNAIRE

(to be attached to Acord Application)

Named Insured _____ Policy Number _____

Named insureds Social Security Number: (if Corporation: Name, title and Social Security number of officers and principal stockholders: _____

1. Annual gross sales \$ _____ Split by % _____% food _____% liquor _____% bowling _____% pro shop

2. Fast food delivery? Yes No

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

4. Do you have any outstanding tax liens? (ie: property, sales, wage withholding, bankruptcy) Yes No

If yes, explain: _____

5. Do you have cooking facilities? Yes No

IF YES, ALL COOKING SURFACES MUST BE COVERED BY AN EXTINGUISHING SYSTEM. THE SYSTEM MUST HAVE A SEMI-ANNUAL CLEANING AND SERVICING CONTRACT.

6. List number and type of fire extinguishers: Soda Acid _____ CO₂ _____ Dry chemical _____
Date last serviced _____

7. Is there a 40 BC fire extinguisher in the kitchen? Yes No
Date last serviced _____

8. Entertainment: (Check if applicable)

- DJ/Live Bands _____ Number of times per week
 - Dancing - Exotic, topless, nude or similar type of dancing is unacceptable
 - Horseshoe pits # _____ # of games per year
 - Volleyball courts # _____ # of games per year
 - Softball diamonds # _____ # of games per year
 - Slot/video poker machines # _____
 - Other patron participation events
- Explain _____

9. Bowling equipment will be covered as Inland Marine. Please provide values for all of the following and decrease the building, contents value accordingly:

- Lanes, ball return and foul lights \$ _____
- Pins and Pinsetting equipment \$ _____
- Score Projectors and score tables \$ _____
- Electronic automatic scoring devices \$ _____
- Player settees and spectator benches \$ _____

10. Who refinishes lanes? _____

Do you require an Insurance Certificate from refinisher? Yes No

Resurfacing material used on lanes? _____
Flammable? Yes No

Is business closed during refinishing? Yes No

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.

Signature of Applicant

Date

