

**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 \_\_\_\_\_ CO<sub>2</sub> \_\_\_\_\_ 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

