BOWLING FACILITY APPLICATION

PART 1: GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name):_____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Business Operations: _____

Website Address (if applicable): _____

Number of Years in Business: _____ Desired Effective Date: _____

Previous Insurer: _____ Has any Insurer cancelled, declined, or refused your coverage?   Yes   No

If yes, provide details: _____

Describe any insured and uninsured losses having occured in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

PART 2: PROPERTY UNDERWRITING INFORMATION

Select the Construction Class, which best describes your building:

Fire Resistive	Masonry, Non-Combustible	Non-Combustible
Masonry (including Mill)	Masonry Veneer	Frame

Select the distance between your building and the nearest Municipal Fire Hydrant:

Within 500 feet	Between 500 and 1000 feet	Over 1000 feet

Fire Department: Paid Full-Time   Paid Part-Time   Volunteer

Insured's Occupancy: _____ Other Occupancies: _____ Year Built: _____

If over 30 years old, have there been any updates to the building? _____

Ajacent Exposures: _____

Height of building: _____ Heating Type: _____ General Housekeeping: _____

Total Building Sqft: _____ Applicant's Sqft: _____ Building Sprinklered: No   Yes _____ %

Burglary Alarm System: Monitored   Local   None

Is the monitoring company ULC Approved: No   Yes _____

Does your building have a ULC Automatic Fire Extinguishing system (if applicable)?   No   Yes

Has the system been independently tested within the past 12 months (if applicable)   No   Yes

Miscellaneous Information: _____

PART 3: GENERAL LIABILITY UNDERWRITING INFORMATION

Full description of Business Operations: _____

Year business established: _____ Experience of the principal/partners: _____

Total Number of Employees: _____ Full-time Employees:_____ Part-time Employees: _____

Total Number of Drop-in Bowlers _____ total Number of League Bowlers _____

Food Sales $_____ Liquor Sales $_____ Rentals $_____

Do they run special events: (ie. Birthday parties, cosmic blowing, fundraisers).   No   Yes

If yes, please provide details including total number per year:

_____

Total Number of Lanes: _____

Type of Lane Finish used: Lacquer _____ Water Based _____

Is food or drink allowed in bowling area: No   Yes

Is there food preparation: _____ Is there deep frying: _____

PART 4: CRIME UNDERWRTING INFORMATION (IF APPLICABLE)

How many employees do you have on payroll? _____ How many of those employees would routinely handle money? _____

Do they have a safe on premises?   No   Yes   If yes, is it ULC approved and what class _____

Do you make daily deposits to the bank?   No   Yes

PART 5: COVERAGE REQUIREMENTS (PER LOCATION)

Property & Business Interruption Coverages	Amount Of Insurance
Building	
Equipment (Including Tenants Improvements)	
Stock	
Transit	
Business Interruption (Profits, Monthly Earnings, Gross Earnings)	
Rent or Rental Value	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Other:	

Crime Coverages	Amount Of Insurance
Inside and Outside Robbery	
Broad Form Money & Securities	
Commercial Blanket Bond (FORM A)	
Other:	

Liability Coverage	Amount Of Insurance
Bodily Injury & Property Damage – per occurrence	
Products & Completed Operations – aggregate limit	
Personal Injury Liability – per occurrence	
Non-Owned Automobile Liability – per occurrence	
Tenants Legal Liability	
Other:	

OPTIONAL COVERAGES:

(Select any of the following optional coverages you require)

Sewer Back-up	Replacement Cost	Property Extension End't
Flood	Stated Amount Co-Insurance	Comprehensive Property Extension End't
Earthquake	By-Laws	

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: _____