

Brown & Brown of South Carolina, Inc.

10 Falcon Crest Drive, Suite 100
Greenville, South Carolina 29607
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Email: blangley@bbsouthcarolina.com



Bowling Supplemental Application

Insured's Legal Name: _____
Entity Type: Sole Proprietor Partnership Corporation Other _____
Location Address: _____
City: _____ County _____ State: _____ Zip: _____
Mailing Address (If different): _____
Phone: _____ Fax: _____
Email: _____
Business Tax ID Number: _____
Web Site: _____

Annual Gross Revenues:	NEXT 12 Months
Bowling including Shoe Rental	\$ _____
Restaurant/Snack Bar	\$ _____
Pro Shop	\$ _____
Arcade	\$ _____
Liquor	\$ _____
Vending	\$ _____
Other – Please Describe	\$ _____
	\$ _____
	\$ _____

Annual Payroll:	NEXT 12 Months
Bowling	\$ _____
Restaurant	\$ _____
Other – Please Describe	\$ _____

Other – Please Describe \$ _____



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BOWLING ACTIVITIES

1. Total Years in Business: _____ At This Location: _____
2. Hours of Operation: Sun: _____ Mon-Thur: _____ Fri-Sat: _____
3. Total Number of employees? Full Time: _____ Part Time: _____
4. Number of Lanes: _____
5. Do you contract lane refinishing? Yes No
6. Lane Construction: Wood Synthetic
7. Lane Finish:
 - Lacquer
 - Polyurethane (if flammable, need Product Code _____)
 - Urethane (if flammable, need Product Code _____)
 - Water Based
8. Are ball racks secured and anchored to the floor? Yes No
9. Does your bowling center have automatic Scoring equipment? Yes No
10. Are any flammable liquids stored on premises? Yes No
If yes, list products & quantities: _____
11. Are all flammable liquids stored in UL approved containers? Yes No
12. Percentage of business from: League Activity _____ Open Play _____
13. Distance to coastal body of water: _____ (specify # of miles or feet)
14. Do you sponsor any professional tournaments? Yes No
If yes, list events and sponsoring organization: _____
If yes, are certificates of insurance obtained? Yes No
15. Do you have a pro shop on premises? Yes No
Is your pro shop: Employee Independent Contractor
If an Independent Contractor, is insurance placed elsewhere? Yes No
If leased to a third party, please provide the square footage: _____
(Certificate of Insurance is required)

OTHER RECREATIONAL ACTIVITIES

16. Does your bowling center have amusement devices? Yes No
If yes, indicate number of each:
Electronic Games _____ Pool Tables _____ Pinball Machines _____
Mechanical Bulls _____ Dart Machines _____ Gaming Machines _____
Other (Describe) _____
Leased or Owned: _____
17. If the bowling center has dart boards, are they isolated from the other patrons? Yes No
18. Do you lease your facility for birthday parties or banquets? Yes No
Please describe the type of Banquets? _____
19. Do you provide child care services? Yes No
If yes, what is the maximum number of children at any one time? _____
20. What is the ratio of adults to children? _____
21. What is the minimum age of childcare staff? _____



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OTHER RECREATIONAL ACTIVITIES (CONTINUED)

- 22. What is the minimum age of children? _____
- 23. Do you perform background checks on your adult staff, whether volunteers or paid employees? Yes No
- 24. Any other activities or business operations? Yes No
Please Describe: _____

RESTAURANT / SNACK BAR EXPOSURE

- 25. Please check all that apply: Snack Bar Restaurant Bar Banquet Hall
- 26. Is the restaurant leased to a third party? Yes No
If yes, provide the square footage of the restaurant/snack bar: _____
(Certificate of insurance is required)
- 27. Are all cooking surfaces protected by a hood and duct system? Yes No
- 28. Do you have a service contract with a contractor to clean the hood and duct-system? Yes No
- 29. Is there an automatic extinguishing system? Yes No
- 30. What type of automatic extinguishing system is in place? _____
UL300: Wet Dry
- 31. How often is the system serviced and maintained?
 Monthly Quarterly Semi-Annual Annual
- 32. When the system was last inspected and serviced? _____
- 33. Do you have a deep fat fryer on premises? Yes No
- 34. Are portable fire extinguishers provided in the kitchen? Yes No
Last Service Date: _____
- 35. Are food and beverages permitted in the bowling area Yes No

BUILDING INFORMATION

- 36. Year Constructed: _____
If over 20 years old, please provide date and description of last update to:
Electric: _____
Heating: _____
Plumbing: _____
Roof: _____
- 37. Roof type (flat, bowstring truss, etc): _____
If bowstring truss, date of last inspection: _____
(Attach copy of engineering report)
- 38. What is the roof support made of?
Bowstring truss Steel I-Beam Steel Truss Glue Lam Beam
- 39. What is the roof covering made of?
Membrane Asphalt Shingle Meta l Hot-Mop Torch Down
- 40. If bowstring truss, is the construction: Wood Steel
- 41. Building Construction: Block Metal Frame Other _____
- 42. Building Area in Square Feet: _____



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BUILDING INFORMATION (CONTINUED)

43. Is building protected by a sprinkler system? Yes No
44. Does the bowling center have any alarm systems? Yes No
 If yes, what type: Smoke/Heat Burglary Fire
 Name of alarm monitoring service: _____
45. Are burglar/fire alarms centrally monitored? Yes No
46. Parking Lot: Paved Gravel Dirt Lighted Other: _____
47. Security Cameras? Yes No
48. Where do cameras provide coverage? Inside Outside Parking lot
49. How long does the DVR keep footage? _____
50. Who is your responding Fire Department? _____
 Miles to Station: _____ Number of feet from Hydrant: _____
51. Which of the following does the Center use to minimize damage from lightning:
 Overload Circuit Breakers In-Line Lightning Resistors
 Surge Protectors Ground Fault Circuit Interrupters
 Other: _____

NON-OWNED / HIRED AUTOMOBILE COVERAGE

52. Do you have a business auto policy for owned autos? Yes No
53. Do employees/volunteers use their autos for company business? Yes No
54. Do you make sure that employees/volunteers that use their personal auto for company business have personal auto insurance per your states minimum requirements? Yes No

BAR / LOUNGE / BANQUET EXPOSURE

55. Liquor License name: _____
56. Liquor License Number: _____ Class of License: _____
57. Has your alcoholic beverage license been revoked or suspended? Yes No
 If yes, explain: _____
58. Have you had any occurrences that have arisen out of the sale of any alcoholic beverage? Yes No
59. Has your liquor liability insurance been canceled or non-renewed in the last 3 years? Yes No
 If yes, explain: _____
60. Have you ever been fined by alcoholic beverage control or other governmental regulator? Yes No
 If yes, explain: _____
61. Have you ever filed for Bankruptcy? Yes No
 If yes, explain: _____



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BAR / LOUNGE / BANQUET EXPOSURE (CONTINUED)

62. Type of alcoholic beverages sold: _____ What proof? _____
63. Are patrons allowed to bring their own alcohol? Yes No
If yes, what type? _____
64. Number of servers used: _____
65. Professional (2 years bartender experience or more) Yes No
66. Non-Professional (no bartender experience) Yes No
Explain: _____
67. Are all alcohol-serving employees certified in a formal alcohol training course? Yes No
If yes, provide name of course:
 TIPS TAM RAMP BEST OTHER: _____
68. At what location are IDs checked and how often? _____
69. In what size container are alcoholic beverages served? _____
Glass/Cup _____ oz. Pitcher _____ oz. Other: _____
70. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Yes No
Explain: _____
71. Do you serve beer or alcohol from "bar carts"? Yes No
72. Hours of operation for the bar / lounge:
Monday through Thursday _____ Saturday _____
Friday _____ Sunday _____
73. Is there a separate outside entrance to the bar or Lounge Area? Yes No
74. Does bowling center feature any entertainment? Yes No
How often? _____
75. Type of entertainment featured:
 DJ Jukebox Karaoke
 Solo Vocalist Band (1-3 members) Band (4+ members)
 Other: _____
76. If musical entertainment, what type?
 Top 40's / Pop Classic Rock Soft Rock Alternative
 Country Jazz R&B Rap Other: _____
77. Is dancing permitted? Yes No
78. Is there a dance floor? Yes No
79. If yes, size of dance floor: _____ Sq. ft.
80. Is there a minimum or cover charge? Yes No
81. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No
82. Is there any type of designated driver program in effect? Yes No
83. Describe security measures in place:
Number of uniformed police officers present at the site of alcohol sales: _____
Number of undercover police officers present: _____
Number of private security present: _____
Other: _____



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BAR / LOUNGE / BANQUET EXPOSURE (CONTINUED)

84. Are rules and regulations clearly displayed for patrons' viewing? Yes No

Explain: _____

85. Other promotional activities or events? _____

86. Type of clientele: Area Residents Area Workers Tourists
 College Other: _____

87. Average age of patrons: _____
Percentage of clientele: Under 25 _____ 25-30 _____ Over 30 _____

88. Is an Additional Insured needed?

Name: _____

Address: _____

Describe Interest: _____

89. Where do cameras provide coverage? (inside/outside/parking lot) _____

90. How long does the DVR keep footage? _____

91. What is the roof support made of? Bowstring Truss/Steel I-Beam/Steel Truss/Glue Lam Beam? _____

92. What is the roof covering made of? Membrane/Asphalt Shingle/Metal/Hot Mop or Torch Down _____

93. Are burglar/fire alarms centrally monitored? _____



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CURRENT COVERAGE

***This information is not required, however, this information will help us to better analyze your account needs and will also help us to obtain the most competitive quote!*

Property:

- Current Property Carrier: _____
- Annual Premium: \$ _____
- Current Building Coverage: \$ _____
- Current Contents Coverage: \$ _____
- Do you have coverage for:
Equipment Breakdown \$ _____ Signs \$ _____
- Wind & Hail Deductible \$ _____ or _____ %
- 100% Value of Bowling Lanes and Bowling Equipment: \$ _____
- Bowling Lanes and Equipment to be covered: Replacement Cost ACV
- Bowling Lanes and Equipment Values are included in:
 Building Value Contents Value
- Business Income Limit: _____

General Liability:

Current General Liability Carrier: _____
 Annual Premium: \$ _____
 Current Limits of Liability: \$ _____

Liquor Liability:

Current Liquor Carrier: _____
 Annual Premium: \$ _____
 Current Limits of Liquor Liability: \$ _____

Workers Compensation:

Current Workers Compensation Carrier: _____
 Annual Premium: \$ _____
 States Covered: _____

Current Employers Liability Limits:

- | | |
|--|--|
| Bodily Injury by Accident/Each Accident: | <input type="checkbox"/> \$500,000/\$500,000 |
| | <input type="checkbox"/> \$1,000,000/\$1,000,000 |
| Bodily Injury by Disease/Each Employee: | <input type="checkbox"/> \$500,000/\$500,000 |
| | <input type="checkbox"/> \$1,000,000/\$1,000,000 |

Workers Compensation Experience Modifier (if known): _____

***** Send us a copy of your current policies, loss runs, and a copy of your experience modifier and we will do a full analysis of your coverage*****



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Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Signature of Applicant

Title

Date

Signature of Producer

Date



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Disclaimers

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICATIONS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON A N APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."