



Bowling Center Supplemental Questionnaire

APPLICANT INFORMATION

NAMED INSURED _____

SOCIAL SECURITY # _____

FEIN _____

WEB ADDRESS _____

SUPPLEMENTAL UNDERWRITING INFORMATION

1. Number of lanes: _____
2. Are outside contractors used for lane refinishing? YES NO
3. Any pin refinishing done on premises? YES NO
Non-flammable finishes used? YES NO
If yes, how are refinishing materials stored? _____

4. How often are pinsetters serviced or repaired? _____

5. Are ball returns equipped with guards and bumpers? YES NO
6. Are child care services provided on premises? YES NO
7. Is there a restaurant or bar on premises? YES NO
If yes, annual receipts from: Food:.....\$ _____
Liquor:\$ _____
Grill or fryer? YES NO
If yes, automatic extinguishing system?..... YES NO
If yes, UL 300 compliant?..... YES NO
Service contract? YES NO
8. Is food and beverage consumption prohibited near alley approaches? YES NO
9. Is a full schedule of league bowling maintained? YES NO
Annual receipts:\$ _____

10. Does the center have any of the following recreational facilities:
 - a. Billiard rooms? YES NO
 - b. Video games? YES NO
11. Does the center have bands? YES NO
If so, how often? _____
12. Is the parking area smooth and level? YES NO
13. How are snow and ice removal handled? _____

14. Age of building? _____
If more than 25 years old, year of update on:

Wiring.....	20	_____
Heating.....	20	_____
Plumbing.....	20	_____
Roof.....	20	_____
15. Is there an annual inspection of the premises by the fire department? YES NO
16. Where are transformers for pinsetters located? YES NO
If outside,
 - a. Are they positively grounded?..... YES NO
 - b. Do they have lightning arresters? YES NO
 - c. Are they guarded for vehicle damage? . YES NO
 If inside, are they enclosed in vaults?..... YES NO



N.J. Law P.L. 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

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. The information in this application is correct to the best of knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

_____ Owner or officer's name	_____ Agent's name	
_____ Title	_____ Agent's signature	_____ Date
_____ Owner or officer's signature	_____ Date	_____ Expiring policy number, if applicable