

Bowling Center Insurance Program Questionnaire



20 years experience of building a better bowling program.

Center Name (corp., real estate corp. & dba) _____

Mailing address _____

Location address, if different _____

Contact Name & phone number _____

Email address _____ Website address _____

Years at this location _____ Years in industry _____

Current expiration date: Package Policy _____ Work. Comp. _____ Liquor Liab. _____

Do you own the building you occupy? _____ If not, is landlord to be additional insured: _____

List your hours of operation

Mon _____ am/pm to _____ am/pm	Fri _____ am/pm to _____ am/pm
Tues _____ am/pm to _____ am/pm	Sat _____ am/pm to _____ am/pm
Wed _____ am/pm to _____ am/pm	Sun _____ am/pm to _____ am/pm
Thurs _____ am/pm to _____ am/pm	

List # of the following

Bowling Lanes _____	Golf Simulators _____
Pool Tables _____	Dance floor size _____
Video Games _____	Juke Box _____
Cover Charge (how much) _____	Stage _____
# of employees _____	DJ (days per week) _____
# of alcohol servers _____	Band (days per week) _____
# of servers certified in TIPS/TAMS or other program _____	Happy Hour discounts _____

Describe precautions to prevent serving minors and/or intoxicated patrons: _____

Describe how you and your employees handle patrons who become intoxicated: _____

Administrative Action Coverage desired? _____ Employment Practices Liability policy desired? _____

List any babysitting services and controls: _____



Current information

Building Limit _____	Year of last improvement for plumbing _____
Business Personal Property Limit _____	Year of last improvement for Heat/AC _____
Policy deductible _____	Month/Year kitchen suppressions system serviced _____
Business Income Limit _____	Building Sqft _____
General Liability Limit _____	# of Floors _____
Liquor Liability Limit _____	Alarm systems (fire, smoke, burglar) _____
Is the building sprinklered _____	Alarm system type (local, central station, etc) _____
Year of last improvement for roof _____	Surveillance cameras _____
Year of last improvement for electrical _____	

List the following (if leased, please state sqft) **For any leased service/operations, obtain a certificate of insurance from the tenant which names your business as an additional insured and retain for your insurance records.**

Annual gross bowling sales _____	Annual payroll for bowling employees _____
Annual gross pro shop sales _____	Annual payroll for clerical employees _____
Annual gross alcohol sales _____	Annual payroll for janitorial employees _____
Annual Gross Keno/Pull Tab sales _____	Other payroll – describe _____
Annual Gross Poker sales _____	EIN _____
Annual gross food sales _____	

List the number of employees that use their own vehicles for your business operations (errands, meetings, etc.): _____

List any claims in the past five years _____

Package Policy Premium _____	<p><i>We ask to see if we can compete. If we can't compete, we'll tell you. We also offer business & personal auto, health & life insurance.</i></p>
Liquor Liability Premium _____	
Worker's Compensation Premium _____	
Umbrella/Excess Liability Premium _____	
Admin. Action Premium _____	
Employment Practices Premium _____	

The above information is a questionnaire for the purpose of obtaining an insurance proposal only. Insurance company applications will apply; however, all or part of the information listed above will be included in their application. Call Brownrigg Companies Ltd., if you have any questions.

Name (print) _____ Tel # _____ Date _____

For a timely quotation, complete the questionnaire and return ASAP.

Lynette M. Wurstner, Bowling Program Manager

Fax: 248-373-5586

Email: Lwurstner@brownrigg.com

Direct: 248-373-5569

Office: 248-373-5580 or 800-397-5580

www.brownrigg.com

