

**T.H.E. INSURANCE COMPANY**

10451 Gulf Boulevard  
Treasure Island, FL 33706

**BOWLING CENTER SUPPLEMENT**

Name Insured: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Type:  Individual  Corporation  Partnership  Joint Venture  Other \_\_\_\_\_

How many total years of management experience do you have: \_\_\_\_\_ Total years at this location? \_\_\_\_\_

Web Site: \_\_\_\_\_

Are there any affiliated or subsidiary companies?  Yes  No

Current Insurance carrier: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Premium \_\_\_\_\_

Have you ever been fined or had your license revoked or suspended?  Yes  No

If yes, please explain: \_\_\_\_\_

Has any insurer refused, denied, or cancelled any property or liability coverage within the last five years?  Yes  No

Number of lanes: \_\_\_\_\_ Lane construction:  Wood  Synthetic  
Finish Used:  Oil  Water base

Amount of flammables stored on premises? \_\_\_\_\_ gals. Stored in U.L. approved containers?  Yes  No

Does your bowling center have automatic scoring equipment?  Yes  No

Do you refinish pins?  Yes  No

Do you contract lane refinishing?  Yes  No

What percentage of business is league activity? \_\_\_\_\_ % League  Yes  No

Do you sponsor any professional tournaments?  Yes  No

If yes, list events and sponsoring organization: \_\_\_\_\_

Do you have a pro shop on premises?  Yes  No

Is the pro shop subcontracted?  Yes  No

If yes, are you listed as additional insured?  Yes  No

If no, please explain: \_\_\_\_\_

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: \_\_\_\_\_

Is nursery/day care service available?  Yes  No

If yes, please provide details to include age range of children and number of children supervised by each staff member.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restaurant/Snack Bar

Items Sold: \_\_\_\_\_

Are food operations subcontracted?  Yes  No

If yes, are you listed as an additional insured?  Yes  No

If no, please explain: \_\_\_\_\_

Is there a grill?  Yes  No

Is there a deep fryer?  Yes  No

What type of Automatic Extinguishing System (AES) is in place?  Wet  Dry

Do you have a vending area?  Yes  No

If yes, do you own the machines?  Yes  No

If no, are you listed as an additional insured?  Yes  No

If no, please explain: \_\_\_\_\_

Are machines properly grounded?  Yes  No

Are machines properly anchored?  Yes  No

Is any other building portion leased to others?  Yes  No

If yes, describe operation and include copies of certificates of insurance: \_\_\_\_\_

Are there any other activities, other than bowling, inside or outside premises? (Banquet Halls, other sports activities, live entertainment, etc)  Yes  No

If yes, please describe: \_\_\_\_\_

Is there live music?  Yes  No Dance floor?  Yes  No Dance floor size \_\_\_\_\_

Cover charge?  Yes  No Separate entrance  Yes  No

**NON-OWNED / HIRED AUTOMOBILE COVERAGE**

Do you have a business auto policy for owned autos?  Yes  No

Do employees or volunteers routinely use their autos for company business?  Yes  No

**BUILDING INFORMATION**

Year Built: \_\_\_\_\_

Building Improvements:

Roof Yr. \_\_\_\_\_

Electrical Yr. \_\_\_\_\_

Plumbing Yr. \_\_\_\_\_

Air Conditioning/HVAC Yr. \_\_\_\_\_

Heating Yr. \_\_\_\_\_

Construction:  Block  Metal  Frame  Other \_\_\_\_\_

Roof Type:  Tar  Composition  Gravel  Other \_\_\_\_\_

Does the building have alarm system(s)?  Yes  No

If yes, what type?  Smoke  Burglary  Fire  Other \_\_\_\_\_ Are they  Local  Central Station

Name of Alarm Monitoring Service: \_\_\_\_\_

Parking:  Paved  Gravel  Dirt  Other \_\_\_\_\_

Capacity: \_\_\_\_\_

Total building area \_\_\_\_\_ sq. ft.

Pro Shop \_\_\_\_\_ sq. ft.

Restaurant area \_\_\_\_\_ sq. ft.

Lounge area \_\_\_\_\_ sq. ft.

Area leased to others \_\_\_\_\_ sq. ft.

Nursery area \_\_\_\_\_ sq. ft.

Days and hours of operation: \_\_\_\_\_

**RECEIPTS**

Bowling receipts: \$ \_\_\_\_\_  
Restaurant receipts \$ \_\_\_\_\_  
Liquor receipts: \$ \_\_\_\_\_

Pro Shop receipts \$ \_\_\_\_\_  
Snack Bar receipts \$ \_\_\_\_\_  
Other receipts: \$ \_\_\_\_\_

**LIMITS**

Liability \_\_\_\_\_  
Excess Liability \_\_\_\_\_  
Liquor Liability\* \_\_\_\_\_  
\*Please complete Liquor Law Liability Supplement

Hired and Non-Owned Auto \_\_\_\_\_  
Number of Employees \_\_\_\_\_

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and that any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date Signed