

**BOWLING CENTERS SUPPLEMENTAL APPLICATION**

This Supplemental Application along with all other requested Donegal Insurance Group Applications and/or ACORD Applications constitute the Application for Insurance.

**A. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Web Site Address: \_\_\_\_\_  
 Quote/Policy Number: \_\_\_\_\_ Date Quote Needed: \_\_\_\_\_  
 Agency Name and Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

\* Whenever used in this Application, the term "Applicant" includes all firm names, trading names, 'Doing Business As' (DBA) names, and if incorporated, the Parent Corporation and all of its subsidiaries, unless stated to the contrary in the Remarks section of this Application.

**Please Complete A Separate Bowling Centers Supplemental Application Form For Each Premise/Location**

**B. GENERAL INFORMATION**

1. Name of Establishment: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Info. (for Inspection): \_\_\_\_\_ Phone: \_\_\_\_\_

2. Total Years of Management Experience: \_\_\_\_\_

3. Please provide applicable receipts:

	Other Receipts	Food Receipts	Liquor Receipts
Bowling/Arcade	\$ _____	\$ _____	\$ _____
Retail Store	\$ _____	\$ _____	\$ _____
Restaurant	\$ _____	\$ _____	\$ _____
Bar/Lounge	\$ _____	\$ _____	\$ _____

**C. GENERAL BUILDING INFORMATION**

1. Building

a. When were the utilities/roof last updated?

- i. Plumbing: \_\_\_\_\_
- ii. Heating: \_\_\_\_\_
- iii. Electric: \_\_\_\_\_
- iv. Roof: \_\_\_\_\_

b. Building is:  Freestanding  In a Shopping Center  Other: \_\_\_\_\_

c. Is building sprinklered?  Yes  No

d. Describe type of alarm system, if any: \_\_\_\_\_

e. Maximum Capacity: \_\_\_\_\_ number of people.

f. Is parking area shared by any other business?  Yes  No

g. Is parking lot in good repair?  Yes  No

h. Is parking lot lighted?  Yes  No

i. Are sidewalks, steps, handrails (etc.) in good repair?  Yes  No

j. Are carpet, tile, floors, ceiling (etc.) in good repair?  Yes  No

k. Are all emergency exits identified and in place?  Yes  No

l. Who handles snow removal?  Insured  Outside Contractor  Other: \_\_\_\_\_

If Other, describe: \_\_\_\_\_

2. Lanes

- a. Number of lanes: \_\_\_\_\_
- b. Lanes are:  AMF     Brunswick     Wood     Synthetic     Other: \_\_\_\_\_
- c. Are there auto scorers?  Yes    No  
If yes, are they owned?  Yes    No
- d. Lane Resurfacing
  - i. Date of last resurfacing: \_\_\_\_\_
  - ii. Performed by: \_\_\_\_\_
  - iii. Done with:  Water Base    Oil
  - iv. Is the fire department notified?  Yes    No

3. Food Preparation

- a. Is there any food preparation/cooking operations on the premises?  Yes    No  
If Yes, please complete the Cooking Equipment Supplemental Application DCCL-CE SA Ed. 04/04.
- b. Please check all that apply:  Snack Bar     Restaurant     Bar     Banquet Hall  
Please provide the square footage: \_\_\_\_\_  
Please provide the seating capacity: \_\_\_\_\_
- c. Is the restaurant leased to a third party?  Yes    No  
If yes, certificate of insurance is required.
- d. Is food & drink restricted from the bowling area?  Yes    No

4. General

- a. Are there bowling leagues at this facility?  Yes    No  
If yes, how often? \_\_\_\_\_
- b. Does the applicant transport any customer(s) to or from the bowling center?  Yes    No
- c. Is daycare available?  Yes    No  
If yes, please provide details on number of children, ratio of adults to children and controls on staff. \_\_\_\_\_
- d. Do you have Cosmic Bowling/Rock & Bowl?  Yes    No
- e. Do you sponsor tournaments?  Yes    No  
If yes, list events and sponsoring organizations: \_\_\_\_\_  
If yes, are certificates of insurance obtained from the sponsoring organization?  Yes    No
- f. Does the bowling center have amusement devices?  Yes    No  
If yes, indicate number of each:  
Electronic Games    \_\_\_\_\_    Pool Tables    \_\_\_\_\_  
Pinball Machines    \_\_\_\_\_    Foosball, Bowling, etc.    \_\_\_\_\_  
Mechanical Bull    \_\_\_\_\_    Dart Machine    \_\_\_\_\_  
Other (describe): \_\_\_\_\_  
If the bowling center has dart boards, are they isolated from the other patrons?  Yes    No

**D. LIQUOR LIABILITY (if requesting the coverage)**

1. Liquor License Number: \_\_\_\_\_ State: \_\_\_\_\_  
License type:  On Premises  Off Premises  Both  
License issued to Named Insured?  Yes  No  
If no, name on license: \_\_\_\_\_
2. Does applicant sell package goods?  Yes  No  
If yes, percent of liquor receipts: \_\_\_\_\_%
3. Are patrons permitted to carry alcoholic beverages onto the premises?  Yes  No  
If yes, what type? \_\_\_\_\_  
Describe controls in place to monitor consumption: \_\_\_\_\_
4. Number of servers: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Number of bartenders: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Average length of employment: \_\_\_\_\_
5. Are employees given liquor training?  Yes  No  
If yes, explain type (TIPS, TOPS, etc.), and how often required? \_\_\_\_\_
6. Does applicant have written policy on serving alcohol for employees and customers?  Yes  No  
Describe procedure in place regulating the sale of alcohol to minors and to those under the influence (drive home or cab policy, police assistance, etc.): \_\_\_\_\_
7. Is management notified prior to shutting off patrons?  Yes  No  
Is documentation kept on each incident?  Yes  No
8. Do you serve beer or alcohol from "bar carts"?  Yes  No
9. Is there a happy hour or similar drink promotion?  Yes  No  
If yes, provide details: \_\_\_\_\_
10. Is a last call given?  Yes  No  
If yes, what time? \_\_\_\_\_
11. Are shots given?  Yes  No  
Any shot specials?  Yes  No
12. Hours of operation for the bar/lounge: \_\_\_\_\_
13. Is there a separate outside entrance to the bar or lounge area?  Yes  No
14. Does bowling center feature any entertainment?  Yes  No  
If yes, how many times per year? \_\_\_\_\_  
If yes, how many times per week? \_\_\_\_\_  
Type of entertainment featured:  DJ  Jukebox  Karaoke  Solo Vocalist  
 Band (1-3 members)  Band (4 + members)  Other: \_\_\_\_\_  
If musical entertainment, what type?  Top 40's  Classic Rock  Soft Rock  Alternative  
 Country  Jazz  R&B  Rap  Other: \_\_\_\_\_  
Is dancing permitted?  Yes  No  
Is there a dance floor?  Yes  No  
If yes, size of dance floor? \_\_\_\_\_ Total area of Premises: \_\_\_\_\_  
Is there a minimum or cover charge?  Yes  No

15. Clientele:

Type:  Area residents     Area workers     Tourists     College     Other \_\_\_\_\_

Age (percent of total): Under 25 \_\_\_\_\_%    25 – 30 \_\_\_\_\_%    Over 30 \_\_\_\_\_%

16. Have there been any liquor board violations in the past 5 years?

Yes     No

If yes, when and why? \_\_\_\_\_

18. Have you had any occurrences that may give rise to claims?

Yes     No

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

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**REMARKS:**