

SECTION 1: INSURED

1.1 Effective Dates

Policy period required from (effective date): _____ to (expiry date): _____

Named Insured as it is to appear on policy: _____

1.2 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) _____

1.3 Mailing information

Name of Organization (if different): _____

Mailing Address: _____

1.4 Address of Operation (if different than mailing)

Address: _____

1.5 Webpage: _____

1.6 Doing Business As: _____

1.7 Name, Address and Description of Operations of all Subsidiary Companies:

SECTION 2: BROKER DETAILS

2.1 Please complete the following information pertaining to your brokerage:

Name of Agent/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

General email: _____ Website: _____

SECTION 3: GENERAL INFORMATION

3.1 Total years of management experience: _____ Total years at this location: _____

3.2 Number of lanes: _____ Are you operating with original bowling equipment? ☐ Yes ☐ No

3.3 Lane construction: ☐ Wood ☐ Synthetic*

Finish: ☐ Oil ☐ Water Base

3.4 Name of lane refinishing contractor (Please attach a certificate of insurance with limits of at least \$1,000,000.): _____

- 3.5 What is the restaurant exposure? ☐ Full Serve ☐ Snack Bar ☐ Lessor's Risk
- 3.6 Are all cooking surfaces properly fire-protected? ☐ Yes ☐ No
- What type of Automatic Extinguishing System (AES) is in place? _____
- Do you have a contract for cleaning the hoods and ducts? ☐ Yes ☐ No
- How often are they cleaned? ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

SECTION 4: LIQUOR LIABILITY

- 4.1 Is there a bar or lounge? ☐ Yes ☐ No
- If yes, please complete this section.
- 4.2 Limit of liability: _____
- 4.3 Name on liquor licence: _____
- 4.4 Types of alcohol sold: _____
- 4.5 Number of servers: _____ Median age of patrons: _____
- 4.6 Has Alcoholic Beverage Licence ever been revoked/suspended? ☐ Yes ☐ No
- 4.7 Has coverage been cancelled/non-renewed during the last 3 years? ☐ Yes ☐ No
- 4.8 Has organization ever been fined by applicable provincial regulatory body? ☐ Yes ☐ No
- 4.9 Are minors allowed on premises where alcohol is being consumed? ☐ Yes ☐ No
- 4.10 Have the servers received any type of Alcohol Awareness training? ☐ Yes ☐ No
- 4.11 Is there any type of designated driver program in effect? ☐ Yes ☐ No
- 4.12 Is there any limit placed when purchasing alcoholic beverages? ☐ Yes ☐ No
- 4.13 Is there a dance floor? ☐ Yes ☐ No
- 4.14 Do you have live entertainment? ☐ Yes ☐ No
- If yes, please describe: _____
- 4.15 Do you have a live band? ☐ Yes ☐ No
- If yes, what type? _____
- Does the band have their own insurance? ☐ Yes ☐ No
- If yes, please attach a copy of the certificate.

SECTION 5: CHILD CARE LIABILITY

- 5.1 Is there child care exposure? ☐ Yes ☐ No
- If yes, please complete this section.

FOR USE WITH PROGRAMS PROVIDING ATTENTION TO MINORS IN THE ABSENCE OF THEIR PARENTS/GUARDIANS

- 5.2 Describe briefly the type of attention given to minors in the absence of parents/guardians:
- 5.3 What is the typical range of ages served in this program?
- How many of each age grouping are typically involved, when present, at any one time?
- | | MALE | FEMALE |
|-----------|-------|--------|
| Age 1-2 | _____ | _____ |
| Age 3-6 | _____ | _____ |
| Age 7-9 | _____ | _____ |
| Age 10-12 | _____ | _____ |
| Age 13-17 | _____ | _____ |
- 5.4 How many adult staff directly supervise the activities? _____
- Total individuals: _____ At a given time: _____

- 5.5 What qualifications do you require of adult staff? _____
- 5.6 Do you have a formal set of policies and procedures for screening the character and criminal history of your adult staff, whether volunteers or paid employees, prior to selection? ☐ Yes ☐ No After selection? ☐ Yes ☐ No
Please attach these policies/procedures or characterize: _____
- 5.7 How do children arrive and depart your program/facility? _____
- 5.8 What system do you use for checking the children in and out as they arrive and depart? _____
- 5.9 What meals or snacks are provided? _____

SECTION 6: ADDITIONAL INFORMATION

- 6.1 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: _____
- 6.2 If there were electrical updates, were they completed by a certified electrician? ☐ Yes ☐ No
- 6.3 Are the mechanics professionally trained by Brunswick or AMF? ☐ Yes ☐ No
If no, how are they trained? _____
- 6.4 Is the parking lot paved? ☐ Yes ☐ No
- 6.5 Is the parking lot lit? ☐ Yes ☐ No
- 6.6 Are food and drinks restricted from bowling area? ☐ Yes ☐ No
- 6.7 Does your bowling center have automatic scoring equipment? ☐ Yes ☐ No
- 6.8 What percentage of business is league activity? _____ %
- 6.9 What percentage of business is open bowling? _____ %
- 6.10 Previous Year/Estimated Gross Annual Revenue: \$ _____

SECTION 7: LIMITS OF LIABILITY REQUIRED

7.1 Commercial General Liability

Each Occurrence Limit	\$ _____
Products - Completed Operations Aggregate Limit	\$ _____
Personal Injury Limit	\$ _____
Tenants Legal Liability Limit	\$ _____
Medical Expense Limit - Per Occurrence/Per Person	\$ _____
Non-Owned Automobile Limit	
- Liability	\$ _____
- Physical Damage	\$ _____
Employee Benefits Limit	\$ _____
Employers Liability Limit	\$ _____
Advertising Injury Limit	\$ _____
Other: _____	\$ _____

SECTION 8: LIABILITY

8.1 Contractual Liability

A. Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? ☐ Yes ☐ No

If yes, please provide details: _____

B. If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? ☐ Yes ☐ No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? ☐ Yes ☐ No

If no, please advise procedures followed and details of contracts used:

C. If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? ☐ Yes ☐ No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? ☐ Yes ☐ No

D. If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? ☐ Yes ☐ No

If yes, in whole or part, please attach a copy of the waiver.

If no, in whole or part, please explain: _____

8.2 Protective Liability

A. Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)? ☐ Yes ☐ No

If yes, what is the annual cost of work? LET \$ _____

SUBLET \$ _____

If yes, please give details of the sublet: _____

B. Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations? ☐ Yes ☐ No

8.3 Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

8.4 **Workers Compensation**

Are all employees and contractors including students and volunteers covered by Workers Compensation? ☐ Yes ☐ No

If no, in whole or part, please explain: _____

8.5 **Non-Owned Automobile**

A. Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? ☐ Yes ☐ No

If yes, please give details: _____

B. Does the Insured rent or lease vehicles from others? ☐ Yes ☐ No

If yes, (i) How often per year? _____

(ii) Are any of these vehicles driven in the United States? ☐ Yes ☐ No

C. Does the Insured contract services from others? ☐ Yes ☐ No

If yes, please describe: _____

D. Does the Insured contract services from others for the purpose of operating
Vehicles to perform maintenance, service, haulage or snow removal operations? ☐ Yes ☐ No

8.6 **Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft? ☐ Yes ☐ No

If yes, please give details: _____

8.7 Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

8.8 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary); _____

8.9 Please provide deductible or self-insured retention amounts for each year noted in previous question. _____

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect
Any deductible provision(s) contained in existing or previous insurance policies? ☐ Yes ☐ No

8.10 Please attach a copy of the Insured's most recent audited financial statement.

8.11 Does the Insured have a formal loss-control program? ☐ Yes ☐ No
If yes, please provide details: _____

8.12 Does the Insured have a formal employee safety-training program? ☐ Yes ☐ No
If yes, please provide details: _____

8.13 Does the Insured have a formal premises snow/ice clearance procedure? ☐ Yes ☐ No
If yes, please provide details: _____

8.14 Does the Insured have a formal equipment or premises maintenance procedure? ☐ Yes ☐ No
If yes, please provide details including documentation procedures and qualifications of maintenance personnel: _____

SECTION 9: DECLARATIONS

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Name (Print): _____ Signature: _____

Agent/Broker: _____ Date: _____