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 K&K Insurance Brokers, Inc. Canada

BOWLING APPLICATION

1. Policy period required from _____ to _____
 (Year) (Year)

INSURED:

2. Named Insured as it is to appear on policy:

3. What is the Insured? Corporation Partnership Joint Venture
 Individual Other _____

4. a) Mailing Address: _____
 (Number) (Street) (City) (Prov.) (Postal Code)

b) Address of Actual Operation
 (if different than mailing):

 (Number) (Street) (City) (Prov.) (Postal Code)

5. Web Site: _____

6. Doing Business As: _____

7. Name, Address and Description of Operations of all Subsidiary Companies:

BROKER

8. Name of Agent/Brokerage: _____

9. Contact Person: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

GENERAL INFORMATION

10. Total years of management experience: _____ Total years at this location: _____

11. Number of lanes: _____ Are you operating with original bowling equipment? Yes No

12. Lane construction: Wood Synthetic* Finish: Oil Water Base

*If lane construction is synthetic, skip to question number 5.

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

14. What is the restaurant exposure? Full Serve Snack Bar Lessor's Risk

15. 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~~ Annually

LIQUOR LIABILITY

16. Is there a bar or lounge? Yes No
If yes, please complete this section.

17. Limit of liability: _____

18. Name on liquor licence: _____

19. Types of alcohol sold: _____

20. Number of servers: _____ Median age of patrons: _____

21. Has Alcoholic Beverage Licence ever been revoked/suspended? Yes No

22. Has coverage been cancelled/non-renewed during the last 3 years? Yes No

23. Has organization ever been fined by applicable provincial regulatory body? Yes No

24. Are minors allowed on premises where alcohol is being consumed? Yes No

25. Have the servers received any type of Alcohol Awareness training? Yes No

26. Is there any type of designated driver program in effect? Yes No

27. Is there any limit placed when purchasing alcoholic beverages? Yes No

28. Is there a dance floor? Yes No

29. Do you have live entertainment? Yes No
If yes, please describe: _____

30. 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.

CHILD CARE LIABILITY

31. 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

32. Describe briefly the type of attention given to minors in the absence of parents/guardians: _____

33. 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	_____	_____

34. How many adult staff directly supervise the activities? _____
Total individuals: _____ At a given time: _____

35. What qualifications do you require of adult staff? _____

36. 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 Not a selection? Yes No

Please attach these policies/procedures or characterize: _____

37. How do children arrive and depart your program/facility? _____

38. What system do you use for checking the children in and out as they arrive and depart? _____

39. What meals or snacks are provided? _____

ADDITIONAL INFORMATION

40. 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: _____

41. If there were electrical updates, were they completed by a certified electrician? Yes No

42. Are the mechanics professionally trained by Brunswick or AMF? Yes No

If no, how are they trained? _____

43. Is the parking lot paved? Yes No

44. Is the parking lot lit? Yes No

45. Are food and drinks restricted from bowling area? Yes No

46. Does your bowling center have automatic scoring equipment? Yes No

47. What percentage of business is league activity? _____%

48. What percentage of business is open bowling? _____%

49. Limits of Liability required:

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: _____	\$ _____

50. 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 no, in whole or part, please explain: _____

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

51. Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

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

Please describe the types of work let or sublet: _____

52. Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

53. Workers Compensation

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

If no, please explain: _____

54. Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft?

If yes, please give details: _____

55. 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 provide details: _____

b) Does the Insured rent or lease vehicles from others? Yes No

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

56. 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

57. 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.)

58. Please provide deductible or self-insured retention amounts for each year noted in question 57.

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

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

60. Does the Insured have a formal loss-control program? Yes No

If yes, please provide details: _____

61. Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details: _____

62. Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details: _____

63. 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: _____

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

Date

Agent/Broker: _____