



# Bowling Proprietors Association of Canada Insurance Program Application

Please review and complete the following application in detail, this will allow us to provide you with the necessary review and risk assessment of your current needs. Mark all Non-Applicable items as such or N/A. Any questions or concerns can be directed to Lackner McLennan Insurance Ltd. directly at the contact information provided on the last page of this application. **All information will be held in strict confidence.**

## GENERAL INFORMATION

Name of Insured (Legal Entity): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Year Bowling Centre was Established: \_\_\_\_\_ Year of your Ownership of Centre: \_\_\_\_\_  
 Hours of Operation: From - \_\_\_\_\_ To - \_\_\_\_\_

## PROTECTION INFORMATION

Fire Hydrants within 1000 feet of you premises:  - YES  - NO  
 Fire Department within 5 mile of you premises:  - YES  - NO Volunteer Department:  - YES  - NO  
 Premises protected by Smoke Alarms:  - YES  - NO  
 Premises protected by Fire Extinguishers:  - YES  - NO Number of Fire Extinguishers: \_\_\_\_\_  
 Service Contract on Fire Extinguishers:  - YES  - NO Annual Service Date: \_\_\_\_\_  
 Premises protected by a Sprinkler System:  - YES  - NO If YES, what percentage \_\_\_\_\_ %  
 Is your Sprinkler System connected to a Central Station Alarm system:  - YES  - NO  
 If partially Sprinklered, give details of area protected: \_\_\_\_\_  
 Premises protected by a Fire Alarm System  - None  - Local  - Monitored  
 If monitored, name of monitoring company: \_\_\_\_\_  
 Premises protected by a Burglar Alarm System:  - None  - Local  - Monitored  
 If monitored, name of monitoring company: \_\_\_\_\_  
 Premises protected by Video Camera System:  - YES  - NO Videotape Backup:  - YES  - NO  
 List areas monitored by Video Protection: \_\_\_\_\_  
 Neighbouring Detached Exposures: Please list business or premises exposures to the left, right, above and below your business location:  
 (Above) - \_\_\_\_\_ (Left) - \_\_\_\_\_ Distance - \_\_\_\_\_ ft.  
 (Below) - \_\_\_\_\_ (Right) - \_\_\_\_\_ Distance - \_\_\_\_\_ ft.  
 Quality of Neighbourhood:  - Declining/Congested  - Improving/Developing  - Stable  - Not Known

## PREVIOUS INSURANCE INFORMATION

Insurer: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Premium: \_\_\_\_\_

Previous Insurance Cancelled or Declined?:  - NO  - YES (If YES, Please Explain Why Below?)

\_\_\_\_\_

\_\_\_\_\_

## PREMISES CONSTRUCTION INFORMATION

Please complete the following construction information completely and accurately. Where possible digital pictures of the following areas will also aid us in presenting your insurance exposure to the insurer. Please forward these digital pictures by email to **bowling@lmicanada.com** or printed copies by postal service or fax. These pictures will allow us to present a more complete picture to the insurance company which will allow for a more detailed underwriting of your exposures. Presenting the best possible information to the insurance company is in your best interest and maximum allowable discounts can be used in the policy rating.

Photos of Interest:

- Exterior of building - noting entrance and building construction details,	- Concourse showing Bar & Snack Bar Areas,
- Cooking Facilities - noting hooded area & extinguishing system,	- Pinsetting Equipment Areas - behind masking,
- Lane Areas - shown from seating area & incl. Auto scoring system,	- Entrance are from inside looking out,
- Stairwells,	- Arcade & Billiard Areas
- Lounges and Bar Areas,	

Building Type:  - Single Stand Alone  - Industrial Mall  - Enclosed Mall  
 (Check All Applicable)  - Retail Strip Mall  - Other (Specify) \_\_\_\_\_

Is your business in a basement exposure of the building you occupy?:  - YES  - NO

Wall Construction Type:  - Reinforced Concrete - - - - - \_\_\_\_\_%  - Hollow Concrete Block - - - - \_\_\_\_\_%  
 (Check All Applicable types and Give Percentage)  - Metal Clad - Steel Frame - - - - \_\_\_\_\_%  - Glass Panel - Metal Frame - \_\_\_\_\_%  
 - Stucco - Wood Frame - - - - - \_\_\_\_\_%  - Brick Veneer - Wood Frame - \_\_\_\_\_%  
 - Metal/Vinyl Clad - Wood Frame - \_\_\_\_\_%  - Other - \_\_\_\_\_ - \_\_\_\_\_%  
 (Describe)

Roof Construction Type:  - Concrete Joist / Concrete Slab - \_\_\_\_\_%  - Steel Joist / Steel Deck - - - - \_\_\_\_\_%  
 (Check All Applicable types and Give Percentage)  - Wood Joist / Wood Deck - - - - \_\_\_\_\_%  - Wood Joist / Steel Deck - \_\_\_\_\_%  
 - Other System - \_\_\_\_\_ - - - - \_\_\_\_\_%  
 (Describe)

Floor Construction Type:  - Concrete Pad / Concrete Slab - - \_\_\_\_\_%  - Wood (Combustible) - - - - - \_\_\_\_\_%

Total Area of Building (Excluding Basement): \_\_\_\_\_ sq.ft. Area Occupied by your Business: \_\_\_\_\_ sq.ft.

No. of Stories (Excluding Basement): \_\_\_\_\_ Basement in building Location:  - YES  - NO

Your uses at this location: \_\_\_\_\_

Other Tenants & Uses at this location: \_\_\_\_\_

Type of Heating: Primary - \_\_\_\_\_ Secondary - \_\_\_\_\_

Type of Air Conditioning: \_\_\_\_\_ Type of Electrical System: \_\_\_\_\_

Year Built: \_\_\_\_\_ If building is over 25 years old, have updates been completed:  - YES  - NO

If Yes, When? Heating System: \_\_\_\_\_ Wiring: \_\_\_\_\_ Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_

**TO FORWARD ADDITIONAL INFORMATION PLEASE USE SEPARATE SHEET**

# OPERATIONAL INFORMATION

Please check and detail type of lanes, pin setting equipment and automatic scoring equipment located at your premises.

Type of Lanes:     - Wooden Lanes             - Synthetic over Wooden Lanes             - Complete Synthetic Lane Installation  
 Lane Finish:      - Lacquer Based             - Urethane Based             - Water Based

<u>Game Type</u>	<u># Lane beds</u>	<u>Pin Setter Make and Model</u>	<u>Automatic Scoring Type</u>
5 - Pin	-		
10 - Pin	-		
Candle Pin	-		
Duck Pin	-		
<b>TOTAL of</b>		<b>Lanes</b>	

CHECK all applicable **Bowling Services** located and included at your business premises: **(Leave Inapplicable items BLANK)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> - Adult Bowling Leagues | <input type="checkbox"/> - Youth (YBC) Leagues                       | <input type="checkbox"/> - Physical/Mentally Challenged Leagues |
| <input type="checkbox"/> - Open Play Bowling     | <input type="checkbox"/> - Corporate Parties                         | <input type="checkbox"/> - Senior Citizen Leagues               |
| <input type="checkbox"/> - Rock 'n Bowl          | <input type="checkbox"/> - Bumper Bowling                            | <input type="checkbox"/> - Glow Bowling                         |
| <input type="checkbox"/> - Birthday Parties      | <input type="checkbox"/> - Pro Shop                                  | <input type="checkbox"/> - Coaching / Instruction Available     |
| <input type="checkbox"/> - Computerized Scoring  | <input type="checkbox"/> - Other Bowling Events: (Please List) _____ |   |

CHECK and describe all applicable **Other Services** located and included at your business premises: **(Leave Inapplicable items BLANK)**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> - Billiards,                 | Number of Tables: _____   | <input type="checkbox"/> - Coin Operated | <input type="checkbox"/> - Pay by Time                       |
| <input type="checkbox"/> - Pinball / Arcade games,    | Number of Devices: _____  |  |  |
| <input type="checkbox"/> - Video Lottery Terminals,   | Number of Units: _____  |  |  |
| <input type="checkbox"/> - Baby Sitting Available,    | Supervised by Qualified Employees:  | <input type="checkbox"/> - YES           | <input type="checkbox"/> - NO                                |
| <input type="checkbox"/> - Automated Banking Machine, | Maximum amount of Cash kept in ATM at any given time:   | \$ _____                                 |  |
| <input type="checkbox"/> - Licenced to Serve Alcohol, | Number of allowable patrons on Licence: _____   |  |  |
| <input type="checkbox"/> - Snack Bar,                 | List Food Types: _____  |  |  |
| <input type="checkbox"/> - Restaurant,                | Number of Seats: _____  | Alcohol Service                          | <input type="checkbox"/> - YES <input type="checkbox"/> - NO |
| <input type="checkbox"/> - Licenced Lounge,           | Number of Seats: _____  | Describe, _____                          |  |
| <input type="checkbox"/> - Dance Floor,               | Size of Dance Floor: _____  | Capacity: _____                          | Frequency (Daily/Monthly): _____                             |
| <input type="checkbox"/> - Disc Jockey,               | Describe uses: _____  |  |  |
| <input type="checkbox"/> - Banquet Hall Facilities,   | Premises rented to third parties, not in conjunction with bowling events:                       |  | <input type="checkbox"/> - YES <input type="checkbox"/> - NO |
|   | Types of Events (ie: meetings, receptions, parties etc.) Please state and describe below: _____ |  |  |

Describe all other operations or revenue generating exposures not included in the above. (ie: Mini Golf, Bumper Cars, Lazer Tag etc.)

\_\_\_\_\_

\_\_\_\_\_

Digital pictures of all operations will assist in properly underwriting your insurance exposure and will assist in providing the most cost effective pricing.

## SNACKBAR / RESTAURANT INFORMATION

What is the Restaurant?  - Full Service  - Snack Bar  - Combination of Both

Do you Lease the Food Service to a Third Party provider and not totally in you control:  - YES  - NO  
- If YES, Do you require the provider to carry their own insurance and provide proof of coverage:  - YES  - NO

Do you have Deep Fat Frying:  - YES  - NO, If YES, Do you have a Hooded Filter & Exhaust:  - YES  - NO  
- How often are the filters in the Exhaust Hood cleaned? Please State: \_\_\_\_\_

Is your Fryer a Self Contained unit which includes the Extinguishing System (Auto Fryer, PerfectFry) State Make: \_\_\_\_\_

Do you have a contract for Cleaning the Hoods and Ducts?  - YES  - NO, How Often? \_\_\_\_\_

Suppression System for Deep Fat Frying:  - WET  - DRY, System for all cooking surfaces?  - YES  - NO  
- Do you have a semi-annual maintenance contract for servicing and maintaining Fire Suppression System?  - YES  - NO

Do you have a separate "Class K" fire extinguisher in the kitchen area and beside the Deep Fat Fryer?  - YES  - NO

## LIQUOR & ALCOHOL SERVICE INFORMATION

Have Employees been trained to deal with intoxicated patrons e.g. (SIPS, Smart Serve course or program):  - YES  -NO

Describe how your staff have been instructed to handle the following situations:

a) A Patron Arrive at your premises, obviously impaired? \_\_\_\_\_

b) A Patron appears to have consumed their limit of alcohol? \_\_\_\_\_

c) A Patron becomes disruptive and/or abusive? \_\_\_\_\_

d) A fight breaks out amongst the Patrons? \_\_\_\_\_

e) A Patron who is obviously impaired and leaves your premises alone? \_\_\_\_\_  
\_\_\_\_\_

f) A group of Patrons who are all obviously impaired leave your premises? \_\_\_\_\_  
\_\_\_\_\_

Does your staff have written instructions on how to handle the above situations?  - YES  - NO

How frequently and in what way are these procedures reviewed with your staff? \_\_\_\_\_  
\_\_\_\_\_

Do you have a Designated Driver Program?  - YES  - NO

Do you ask for identification from young patrons to confirm age?  - YES  - NO

Do you provide or is there a Taxi Service available for your Patrons?  - YES  - NO  
- How are your patrons made aware of this service? \_\_\_\_\_  
- What instructions are provided to your staff regarding this service? \_\_\_\_\_

Describe any and all infractions, cancellations or fines relating to serving alcohol you may have had: (If None, Please State as None)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CASH & CRIME INFORMATION

Amount of cash on premises at any one time? \_\_\_\_\_ Normal Exposure: \$ \_\_\_\_\_ Maximum Exposure \$ \_\_\_\_\_  
- (Include Cash located in any ATM's or Video Lottery Terminals)

No. of bank deposits per week: \_\_\_\_\_ No. of Employees handling deposits: \_\_\_\_\_ Cash Reconciled Daily?  - YES  - NO

Is there a safe on premises?  - YES  - NO Type of Safe: \_\_\_\_\_

Construction of Safe: \_\_\_\_\_ Door thickness (Inches) \_\_\_\_\_ Body thickness (Inches) \_\_\_\_\_

Combination Lock on Safe:  - YES  - NO ULC Label on Safe:  - YES  - NO

No. of Employees with access to Safe: \_\_\_\_\_ Is Safe Visible to Patrons:  - YES  - NO

### MANAGEMENT INFORMATION

What procedures do you follow to screen prospective Employees: \_\_\_\_\_

What procedures do you follow to screen prospective Coaches: \_\_\_\_\_

Is there a procedure for handling allegation or complaints followed diligently?  - YES  - NO

Has an allegation of abuse been made against you, your employees or any other person associated with your organization:  - YES  - NO

- If YES, Please provide details: \_\_\_\_\_

How many children, juveniles would be in your care or in the care of someone associated with your organization: \_\_\_\_\_

Mentally or Physically Challenged in the care of someone associated with your organization: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Is First Aid equipment provided on Site:  - YES  - NO Are designated Employees trained:  - YES  - NO

### MAINTENANCE & HOUSEKEEPING INFORMATION

How often is preventative maintenance done on (Lanes, Pinsetters, Automatic Balls Returns): \_\_\_\_\_

- By Whom (Please Describe): \_\_\_\_\_

How are Lanes cleaned and maintained? \_\_\_\_\_ How Often? \_\_\_\_\_

Do you use outside third party Lane Resurfacers or Maintenance Workers?  - YES  - NO

- What limits of Insurance do you request that your third party workers carry? \$ \_\_\_\_\_

- Do you obtain a copy of their Insurance Certificate or Proof of Coverage?  - YES  - NO

Are there snow removal and/or maintenance contracts for your parking lot & sidewalks?  - YES  - NO

- What limits of Insurance do you request that your third party workers carry? \$ \_\_\_\_\_

- Do you obtain a copy of their Insurance Certificate or Proof of Coverage?  - YES  - NO

- What arrangements have been made for the timely removal of ice and snow? (Please Describe) \_\_\_\_\_

How are wet floors handled? Are spills cleaned Promptly? \_\_\_\_\_

Is there a daily maintenance log or protocol for floor and washroom clean-ups?  - YES  - NO

Is trash collected and removed from the premises daily?  - YES  - NO



## OTHER INFORMATION, CLAIMS HISTORY, DECLARATION AND SIGNATURE

**ANY OTHER COMMENTS OR CONCERNS WE SHOULD BE AWARE OF:** - Please provide information below:

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**CLAIMS HISTORY** - (If NONE, Please State NONE)

Please advise and list any claims you have had I the past 5 years. Include the date and description of the claim along with the final outcome and payouts.

<u>DATE</u>	<u>DESCRIPTION OF INCIDENT &amp; OUTCOME</u>	<u>PAYOUT</u>
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**DECLARATION & SIGNATURE**

I hereby certify that the information herein contained and attached is correct and true. I am applying for commercial insurance based on the information provided above and on any attachments. With respect to this application of any renewal or change to my coverage, I authorize you to collect, use, and disclose this information for the purposes necessary to asses the risk. I understand that this application, supplements and attachments will be made part of the policy file and any misrepresentations of facts may cause the policy or coverage to be changed, cancelled of denied.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Please refer all questions and concerns to**

Lackner McLennan Insurance Ltd.

450 Frederick Street, 3rd. Floor,  
Kitchener, Ontario N2H 2P5

Tel: 1-800-265-2625 or 1-519-579-3330 Fax: 1-519-579-1151

Email: [bowling@lmicanada.com](mailto:bowling@lmicanada.com) Website: [www.lmicanada.com](http://www.lmicanada.com)

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