

# JBL Trinity Group, Ltd.

17 State Street, 16th Floor, New York, NY 10004  
Phone: 1-800-925-RINK Fax: 1-212-425-6760

# JBL Trinity West, Ltd.

P.O. Box 7284, Edmond, OK 73083-7284  
Phone: 1-888-302-6330 Fax: 1-405-216-8228

## BOWLING CENTERS

### SUPPLEMENTAL APPLICATION

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#### APPLICANT INFORMATION SECTION

Number of years in business: \_\_\_\_\_ Legal Status:  Individual  Partnership  
 Corporation  Other

Corporate name: \_\_\_\_\_

Trade Name (dba): \_\_\_\_\_

Contact Persons:

Inspection of Premises: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Audit Purposes: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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#### PHYSICAL PLANT INFORMATION

Construction of Building: \_\_\_\_\_

Is Building Owned or Leased? \_\_\_\_\_

How Many Stories: \_\_\_\_\_ Age of Structure: \_\_\_\_\_

(If more than one structure, please attach a separate piece of paper describing each structure.)

Other tenants in the building?  No  Yes Describe: \_\_\_\_\_

How often are the floors and alleys resurfaced? \_\_\_\_\_

How often are the floors and alleys waxed? \_\_\_\_\_

Please attach a diagram of the facility.

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#### GENERAL INFORMATION

Total number of staff: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Total Annual Payroll: \_\_\_\_\_

Annual Gross Receipts:

Bowling Receipts: \$ \_\_\_\_\_

Shoe Rental: \$ \_\_\_\_\_

Concessions: \$ \_\_\_\_\_

Lessons: \$ \_\_\_\_\_

Proposed Effective Date of Coverage: \_\_\_\_\_

Operating Season:  Annual  Seasonal: From \_\_\_\_\_ To \_\_\_\_\_

## GENERAL INFORMATION (cont'd)

Please attach copy of your formal loss control program.

Please attach a copy of your safety inspection checklist.

Are alcoholic beverages served?  Yes  No If yes, please provide license number: \_\_\_\_\_

Are you a member of a trade association?  Yes  No If yes, please list: \_\_\_\_\_

Limits of Liability Requested: General Liability: \_\_\_\_\_

Liquor Legal Liability: \_\_\_\_\_

Do you have bulk storage of flammable or hazardous materials?  Yes  No

If so, describe: \_\_\_\_\_

Are there trained CPR, EMT or First Aid trained personnel on premises?  Yes  No

Do you have a medical emergency plan?  Yes  No If so, please attach copy.

How far away is the nearest medical facility? \_\_\_\_\_ miles Response time: \_\_\_\_\_

How far away is the nearest fire department? \_\_\_\_\_ miles Response time: \_\_\_\_\_

Do you have an evacuation and life safety plan?  Yes  No If so, please attach a copy.

Do you employ security guards?  Yes  No Are they armed?  Yes  No

If the security guards are not your employees, please provide name of security service: \_\_\_\_\_

Do they indemnify you from any liability arising from their actions?  Yes  No

Do they provide you with a certificate of liability insurance?  Yes  No

Do you have any parking facilities?  None  Owned  Rented

Is parking lot well lit?  Yes  No Patrolled?  Yes  No

Do you charge a fee for parking?  Yes  No

## PRIOR INSURANCE AND LOSS INFORMATION

Current Insurance Carrier: \_\_\_\_\_

Expiration Date of Policy: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Limits of Current Coverage: \_\_\_\_\_

## FOOD OPERATIONS

Describe the types of food sold: \_\_\_\_\_

Is this food operation owned by you, or a concession?  Owned  Concession

If this operation is a concession, are you indemnified for losses arising from this operation?  Yes  No

Is a certificate of liability insurance provided to you?  Yes  No

Are proper automatic fire extinguishers and fire detections systems in place?  Yes  No

When were these last inspected? \_\_\_\_\_

## ARCADES

Types of games: \_\_\_\_\_

How many machines do you have? \_\_\_\_\_ Do you own or lease games?  Own  Lease

Who provides maintenance on the equipment? \_\_\_\_\_

Is the equipment properly grounded?  Yes  No

What type of flooring is in the arcade area? \_\_\_\_\_

How many attendants are there in the arcade area? \_\_\_\_\_

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**PRO SHOP**

Is the pro shop owned or concession?  Owned  Concession  
If this operation is a concession, are you indemnified for losses arising from this operation?  Yes  No  
Is a certificate of liability insurance provided to you?  Yes  No  
Are bowling balls custom drilled on the premises?  Yes  No

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**BABY SITTING SERVICES**

Is there a day care or baby sitting service on the premises?  Yes  No  
Is this operation owned or concession?  Owned  Concession  
If this operation is a concession, are you indemnified for losses arising from this operation?  Yes  No  
Is a certificate of liability insurance provided to you?  Yes  No  
Trained Attendants in control?  Yes  No Attendant to child ratio: \_\_\_\_\_

Does the insured assume liability for any other party?  Yes  No  
If yes, describe: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH FIVE (5) YEARS OF HARD COPY LOSS RUNS AND HISTORICAL PREMIUMS OR WARRANTED LOSS LETTER ON THE INSURED LETTERHEAD. IF THIS IS A NEW VENTURE WE REQUIRE A DOSSIER ON THE PROPOSED OPERATORS OF THIS FACILITY.**

I hereby certify that the information herein contained is true and correct. I understand that this application and supplements will be made part of the policy file and any misrepresentations of facts may cause the policy or coverage to be cancelled or denied.

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**Signature of Applicant** **Date**

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**Signature of Producer** **Date**