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“Professional Insurance Wholesaler”

**SGA'S Family Entertainment Liability Application
 SECTION VII: SGA'S BOWLING SUPPLEMENTAL APPLICATION**

TO BE COMPLETED WITH AN ACORD GENERAL LIABILITY APPLICATION
 (Complete all questions. Indicate "N/A" where applicable. DO NOT LEAVE ANY AREAS BLANK)

GENERAL INFORMATION:

Name of Insured: _____

Doing Business as: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Website: _____

Location of CENTER (if different): _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____ Position of Contact Person: _____

Day Phone: _____ Cell Phone: _____ Fax: _____

TOTAL RECEIPTS:

\$ _____

Construction: _____ Age: _____ # Stories: _____

Hours of Operation: _____ to _____

Facility maximum capacity: _____ # of Party Rooms: _____

ARCADES:

Receipts: _____ # Units: _____ # Attendants: _____

Does insured own or lease games?: _____

Who provides service on machines?: _____

Are all machines properly grounded?: _____ Type of floor covering: _____

FOOD/LOUNGE:

Receipts: _____ Square footage: _____

Describe goods sold: _____

Operated by insured or subcontractor?: _____ If sub, attach AI endorsement

Is there a grill?: { } Yes { } No Is there a deep fryer?: { } Yes { } No

Automatic ansul system protecting cooking frying surface?: { } Yes { } No

Hoods/ducts cleaned by contractor?: { } Yes { } No _____ Monthly _____ Quarterly

Receipts: _____ #Vending machines _____ #Stands _____

Liquor sold?: { } Yes { } No If yes, describe types: _____

Describe liquor-training program: _____

PRO SHOP:

Receipts: \$ _____

Type of goods sold: _____

Any modifications made to equipment? { } Yes { } No (describe): _____

Is pin refinishing done on premises?: { } Yes { } No If subcontracted, are certificates obtained?: { } Yes { } No

BOWLING:

Receipts from: Lane Rental: \$ _____ Skate Rental: \$ _____

Leases/Clubs: \$ _____ Parties: \$ _____

Lessons: \$ _____ Other: \$ _____

Lanes: _____ Automatic pin equipment?: { } Yes { } No

How are shoes kept sanitary?: _____

Describe who does the lane surfacing/how often done: _____

Describe lane finishes used: _____ If subcontracted, are certificates obtained?: { } Yes { } No

Total # staff: _____ Full Time: _____ Part Time: _____ # All staff at all times: _____

Describe employee training and emergency procedures: (attach handbook/guidelines):

Are there instructors on premises?: { } Yes { } No If so, are they employees?: { } Yes { } No If no, attach AI endorsement.:

Describe league/club activities: _____

Named as additional insured by league/club who use lanes?: _____ Must attach AI endorsement:

Describe any special events and dates: _____

DAY CARE:

Employees or voluntary?: _____ Maximum child to attendant ratio: _____

Describe policy on child sitting (include max #hours): _____

If employees, describe formal training program (attach manual): _____

**NOTE: APPLICATION MUST BE SIGNED AND DATED BY BOTH THE AGENT AND INSURED!!!
THIS APPLICATION BECOMES A PART FO THE POLICY**

By signing the application, the undersigned declares all statements set forth and herein to be true, complete and accurate. Also, the undersigned hereby declares that any knowledge of an event which would alter the information herein will be reported in writing to the insurer at the earliest opportunity. It is understood and agreed that the completion and submission of this application shall not be binding to the prospective-insured or Company until coverage is bound by the Company.

Applicant: _____ Title _____ Date _____

Agent: _____ Title _____ Date _____