



## Bowling Centers Supplemental – Excess / Umbrella

<b>Name of Applicant:</b>	
Does the applicant have any locations with live entertainment, comedy clubs, dance floors, night clubs or adult entertainment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any childcare services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any locations with a 24 hour exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>LIQUOR LIABILITY</b>	
Total Revenue generated from the sale of liquor consumed on the applicant's premises:	\$
Total Revenue generated from the sale of liquor <b>NOT</b> consumed on the applicant's premises:	\$
Does the applicant have any sales of liquor in <b>Connecticut, Hawaii, Indiana, Iowa, Michigan, Montana, New Hampshire, New Mexico, New York, North Carolina, Oklahoma, Pennsylvania, Rhode Island, Texas, Washington or Wyoming?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any sales of liquor in <b>Alabama, Alaska, Washington DC or Vermont?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any location where the percentage of liquor revenue to total combined food and liquor revenue exceeds <b>50%</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

AGENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_