

BOWLING/BILLIARDS



Eligible Operations:

- Bowling Centers
- Billiard Halls

Key Underwriting/Qualifying

Factors (Including but not limited to):

- 50% of total receipts must come from bowling, billiards, pro shop and shoe rental
- \$3,500 Minimum Account Premium

Ineligible for this program:

- Risks with more than 40% of their total sales derived from liquor sales

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Bowling & Billiard Program for over 15 years
- Active participation in industry trade shows and meetings
- Over 50 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency phone service
- Insurance carriers rated "A" or higher by A.M. Best

K&K is the smart choice for an insurance program designed specifically to meet the needs of bowling centers and billiard halls. K&K offers an innovative program and quality customer service. When you or your insurance consultant work with K&K, you receive the benefits of our in-house claims service, underwriting and administrative services. All of this adds up to a perfect score for you.

Coverages Available & Program Highlights:

General Liability

- Liquor Liability
- Employee Benefits Disability
- Stop Gap

Property

Commercial Auto

Crime

Inland Marine

Business Income

Excess Liability

Event Cancellation & Non-appearance

Common Associated Exposures:

- | | |
|----------------------|----------------------------------|
| - Arcade/Video Games | - Restaurants |
| - Food Concessions | - Special Events/
Tournaments |
| - Liquor Exposure | - Entertainment Centers |
| - Bar/Lounges | |

Insuring the world's fun®

BOWLING/BILLIARDS



Submission Instructions:

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative if you have any questions.

Preliminary Underwriting Information Required:

- Applications (See below)
- Five years of company loss runs
- Brochure (if available)
- Website Address

Bowling & Billiards Application(s):

(Applications can be obtained from our web site: www.kandkinsurance.com)

K&K Applications

- Bowling/Billiard Center Application

ACORD Applications

- Property
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability

Contact Information:

1712 Magnavox Way
P.O. Box 2338
Fort Wayne, IN 46801-2338

Bowling/Billiards Program

PHONE: (800) 440-5580

FAX: (260) 459-5810

EMAIL:

KK_VenueGaming@
kandkinsurance.com

WEB SITE:

www.kandkinsurance.com

California License #0334819

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 In Canada (800) 753-2632
 www.kandkinsurance.com
 CA #0334819

BOWLING/BILLIARDS APPLICATION

Insured's Name: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Web Site: _____

BOWLING

1. How many total years of management experience do you have: _____

Total years at this location: _____

Hours of operation: _____

2. Number of lanes: _____

3. Lane construction: Wood Synthetic

Finish: Oil Water Base

Are all flammables stored in U.L. approved containers? Yes No

4. Do you contract lane refinishing? Yes No

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

6. Do employees repair and/or maintain the automatic bowling equipment? Yes No

If no, who services? _____

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

BILLIARDS

1. Indicate the number of tables.

Bar size _____ 4' x 8' _____ 4.5' x 9' _____

Snooker _____ Billiard _____

RESTAURANT/SNACK BAR/PRO-SHOP

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

2. What is the pro-shop exposure? your operation Lessor's Risk

3. Indicate which of the following apply and the number of each:

ranges _____ ovens _____ deep fryers _____

grills _____ broilers _____ griddles _____

4. Are portable fire extinguishers provided in the kitchen? Yes No

5. What type of Automatic Extinguishing System (AES) is in place?: _____

6. Do you have a contract for cleaning the hoods and ducts? Yes No

7. How often are they cleaned? Monthly Quarterly Semi-Annually (*Semi-Annually required*)

8. How often are filters cleaned? _____

LIQUOR

- 1. Are alcoholic beverages sold? Yes No
- 2. License holder _____ Liquor license# _____
- 3. Have you ever been fined or had your license revoked or suspended? Yes No
If yes, please explain _____
- 4. Do all servers receive alcohol awareness training? Yes No
If yes, please describe training _____
- 5. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
- 6. Do you stop serving at least one hour prior to closing? Yes No
- 7. Estimated annual sales: alcohol \$ _____ food \$ _____

CHILDCARE

- 1. Is there child care exposure? Yes No
- 2. Is there child care for league bowlers only? Yes No
- 3. What is the minimum age of childcare staff? _____ of children? _____
- 4. What is the ratio of adults to children directly supervising activities? _____ : _____
- 5. Do you perform background checks on your adult staff, whether volunteers or paid employees? Yes No
- 6. What system do you use for checking in and out the children as they arrive and depart? _____

MISCELLANEOUS

- 1. Is there a dance floor? Yes No
- 2. Do you have live entertainment? Yes No
If yes, please describe _____
- 3. Are any services subcontracted? Yes No
Do you have any tenants? Yes No
If so, do you obtain a certificate of insurance with limits of \$1,000,000? Yes No

<i>Please list:</i>	<i>Subcontractor or Tenant</i>	<i>Operation/Relationship</i>
	_____	_____
	_____	_____
	_____	_____

SECURITY

		EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
		Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time							
Part-Time							

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name:

FRAUD WARNING

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD APPS (2010/07)

I understand that K&K Insurance Group, Inc., for 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 other, 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 the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)