



# BOWLING CENTER PROPERTY & LIABILITY SURVEY ©

(COMMON INFORMATION & COVER PAGE)

PROFESSIONAL FIELD SOLUTIONS FOR UNDERWRITERS SINCE 1979.  
E-mail: Info@ampacis.com

Date Order Received: 16-MAY-2003

Order No.: 300197

Prepared For: GALAXY INSURANCE COMPANY - 23456  
TRACKING NO.: FD-641-57890

Underwriter: TAB OVERDUE  
Producing Agency: DEWEY-CHEATUM & HOWE

Insured: DELTA RECREATION CENTER  
Mail Address: P. O. BOX 605  
City-State-Zip: DEL MONTE, WI 55599

Policy Number: 26133672  
Survey Date: 3-JUNE-2003  
Surveyed By: JIM NASIUM - 4877

Survey Location: 270 DILLMAN AVENUE  
City-State-Zip: DEL MONTE, WI 55599

Loc. 1 of 1

Contact: WOODY BURNS  
Title: GENERAL MANAGER

Survey Keys:  = STANDARDS MET / "OK"      \* = NON-STANDARD CONDITIONS / COMMENTS REQUIRED

## OVERVIEW of RISK

No. of Visits Required: ONE (1)

VALUE SUBJECT	HAZARDS OF RISK	CONTROL OF HAZARDS	EXPOSURE HAZARDS	PREMISES REPAIR AND SUITABILITY	HOUSEKEEPING CONDITIONS	GRADING OF RISK
At Risk: 100 %	<input type="checkbox"/> Light	<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Light	<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Superior
Building: 80 %	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Average	<input type="checkbox"/> Moderate	<input type="checkbox"/> Average	<input type="checkbox"/> Average	<input type="checkbox"/> Average
Contents: 75 %	<input type="checkbox"/> * SEVERE	<input type="checkbox"/> Sub-Standard	<input type="checkbox"/> * SEVERE	<input type="checkbox"/> Sub-Standard	<input type="checkbox"/> * Sub-Standard	<input type="checkbox"/> * Sub-Standard

Reports:  PROPERTY     LIABILITY     PLATE GLASS     CRIME     OTHER:

## SPECIAL UNDERWRITING INFORMATION

None Requested For This Report.       "Special Information" Requested by Underwriter Located at End of Report.

## OPERATIONAL INFORMATION

Location Surveyed Is:  PRIMARY LOCATION     Secondary / Branch Location     Investment Property    \* Other  
 Business Entity Is:  CORPORATION     PARTNERSHIP     PROPRIETORSHIP     "LL" ENTITY    \* Other:  
 Business Has Operated:  Yrs.     Mos.      At This Location:  Yrs.     Mos.  
 Insured's Interest in Property Is:  Owner and/or Lessor     Tenant and/or Lessee    \* HIGH CRIME Location  
 Other Occupancies in Bowling Center:  No     Yes: MARTIAL ARTS STUDIO; PROFESSIONAL OFFICE. BOTH ARE TENANTS.  
 → → Property Located Within City / Municipal Limits: .....  YES    \* NO

### DESCRIPTION of OPERATIONS:

♦ 32 ♦ LANE BOWLING CENTER	<input type="checkbox"/> Restaurant and/or Lounge Facilities	<input checked="" type="checkbox"/> Pool and/or Billiards Area
<input checked="" type="checkbox"/> Lanes – Fully Automatic Type	<input checked="" type="checkbox"/> Snack Bar Service Only	<input checked="" type="checkbox"/> Arcade Area / Amusement Devices
<input type="checkbox"/> Lanes – Semi-Automatic Type	<input checked="" type="checkbox"/> Spirits and/or Beer Sold and Served	<input checked="" type="checkbox"/> Child Day Care Center – Staffed
<input checked="" type="checkbox"/> Automatic Scoring Equipment	<input type="checkbox"/> Bowling Equipment Sales	<input type="checkbox"/> Child Play Area – Not Staffed
<input checked="" type="checkbox"/> Locker Facility Available for Patrons	<input type="checkbox"/> Bowling Equipment Repairs	<input type="checkbox"/> Teams, Sporting Events Sponsored
<input type="checkbox"/> Other:		

PATRON CAPACITY INFORMATION:	Bowling Lanes : 400 Persons	Bar / Lounge Area(s): 20 Persons	Dining Areas(s): N/A Persons	Other: 30 Persons
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Avg. No. Full Time Empls.: 5      Avg. No. Part Time Empls.: 16      Estimated Annual Payroll: \$ 355,000  
 Independent Contractors Hired:  YES     NO      Estimated Annual Sales: \$ 1,300,000

PRINCIPALS:	OFFICERS – PARTNERS – PROPRIETOR	Title	Active in Business	Inactive in Business
	WOODY BURNS	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	HARRY BURNS	VICE PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	CARRIE BURNS	SECRETARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>



• • • Bowling Center Property & Liability Survey • • •

**SURVEY SUMMARY NARRATIVE**

**LOSS HISTORY:**

**SUMMARY**

<b>SUPPLEMENTAL DATA:</b>	SCHEDULED MAINTENANCE PROGRAM IN PLACE FOR ALL ELECTRICAL EQUIPMENT? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> * No	<input type="checkbox"/> N/A
	REGULAR INSPECTION OF PINSETTER EQUIPMENT BY QUALIFIED MECHANIC? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> * No	<input type="checkbox"/> N/A
	ROOF ADEQUATELY CONSTRUCTED, ANCHORED AND IN SATISFACTORY CONDITION? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> * No	<input type="checkbox"/> N/A
	LOCAL FIRE DEPARTMENT CONSIDERED ADEQUATE IN EVENT OF FIRE EMERGENCY? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> * No	<input type="checkbox"/> N/A

<b>BUILDING CONSTRUCTION DETAILS:</b>	Structure is a one (1) story masonry non-combustible building; no basement. Has lower level section on east side (see diagram and photos) that is below bowling level grade due to sloping of building site. Age advised to be 44 years. Bearing walls are hollow concrete block masonry. Floors are concrete. Roof is steel bow truss system with metal decking over bowling section, and steel bar joist system over the two (2) flat roof sections. Approved built-up roof covering. General structural condition is satisfactory. Two (2) fire divisions. Should grade "Above Average" for class.		
	Significant Concealed Space - <input type="checkbox"/> NONE <input checked="" type="checkbox"/> NOT LARGE VOLUME <input type="checkbox"/> * CONSIDERABLE <input type="checkbox"/> * SEVERE		
	→ → → Wood BOW TRUSS Roof System ..... <input checked="" type="checkbox"/> No <input type="checkbox"/> * Yes		
	If "YES," Has Roof Been Tested By Certified Structural Engineer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> * No		
Fire Loading: <input type="checkbox"/> HIGH <input checked="" type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> MODERATE <input type="checkbox"/> LOW			

<b>PROPERTY PROTECTION:</b>	<b>PUBLIC:</b>	Protection provided by an ISO Class 4 fire department. Station located within one (1) mile. No equipment run interruptions. Adequate public water supplies from municipal hydrants. Building accessible all walls.
	<b>PRIVATE:</b>	U.L. listed automatic fire alarm reporting to Central Station. Fire suppression system for small cooking area in snack bar. Adequate number and type extinguishers distributed and mounted throughout building.
	Protection Considered: <input type="checkbox"/> ABOVE AVERAGE <input checked="" type="checkbox"/> AVERAGE <input type="checkbox"/> * UNSATISFACTORY - <u>RECOMMENDATIONS</u>	

<b>HAZARDS:</b>	<b>SPECIAL:</b>	Small commercial cooking operation for snack bar. Control satisfactory. U.L. 300 suppression system.
	<b>COMMON:</b>	Heating and electrical systems found in satisfactory condition, adequately maintained, and safely arranged. Housekeeping conditions throughout considered above average. Smoking controls in place considered adequate and satisfactory. Smoking not permitted in bowlers' pit areas.
	Controls Considered: <input type="checkbox"/> ABOVE AVERAGE <input checked="" type="checkbox"/> AVERAGE <input type="checkbox"/> * UNSATISFACTORY - <u>RECOMMENDATIONS</u>	

<b>LIABILITY CONDITIONS:</b>	Off-street parking area paved, smooth, level and adequately illuminated. Fading vehicle space striping. Advised new striping scheduled for July, 2003. Exterior stairs in satisfactory condition and equipped with suitable handrailing. Sidewalks hazard free. Entrances clear and unobstructed. Floor areas free of hazards. Interior stairs satisfactory, properly equipped and illuminated. Exit doors have illuminated EXIT signs; clear egress paths. U.L listed emergency lighting throughout premises; tested positive. Furnishings of average commercial quality; adequately maintained. Public use area clean very well maintained. Patron lock areas maintained in clean condition.	
	<b>RESTAURANT - LOUNGE:</b>	Small snack bar operation with deep fryer. Some grilling of meats. Other foods heated in microwave oven - frozen pizza, sandwiches, etc. Foods and beverages served on disposables. Adequate refrigeration for perishables. "Happy Hour," "Two-For-One" Offered?: <input type="checkbox"/> * YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> Not Applicable
	<b>POOL - BILLIARDS ARCADE AREAS:</b>	Two (2) full sized pool tables in segregated area. Arcade area with eight (8) game machines in separate walled area. Both areas away from bowling operation traffic.
	<b>CHILD CARE &amp; PLAY AREAS:</b>	Child care center on lower level to two-story section. Open 9:00 a.m. to 2:00 p.m., Monday thru Friday. Available for bowling patrons only. Staffed with non-professional personnel.
	<b>GUTTERS, DOWNSPOUTS &amp; WATER DAMAGE:</b>	Attachments found in satisfactory condition; new in 1999. No rusted or loose sections. Downspouts direct water away from building and walkways.
	<b>ROOF COVERING:</b>	<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> * SHOWS SIGNS OF DETERIORATION <input type="checkbox"/> NOT ACCESSIBLE

<b>EXPOSURES:</b>	<b>SOUTH-EAST:</b> Forty (40) feet - One (1) story masonry building occupied by auto parts store. No other exposures.
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<b>CONCLUSION:</b>	Consider risk acceptable for coverage lines provided. No unusual conditions. Management active and very cooperative with survey. Above average attitude toward public and employee safety. No evidence of financial stress.
	Recommendations Required: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES* (Recommendations can be found on last page of this report.)

<b>SPECIAL INFORMATION:</b>	See remarks on Page 6, regarding lack of fire resistive insulation on structural steel bow truss components.
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<b>GRADING of RISK:</b>	<input type="checkbox"/> Superior <input checked="" type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Needs Attention <input type="checkbox"/> Does Not Meet Standards
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Bowling Center Property & Liability Survey

DATA PAGE

PROPERTY INFORMATION

DATA PAGE

Sec. 1 - BUILDING CONSTRUCTION:

ISO Construction: CLASS 1- % CLASS 2- % CLASS 3- % CLASS 4- 100 % CLASS 5- % CLASS 6- %
Exterior Walls: Wood Frame, Joisted Masonry, Non-Combustible, Masonry Non-Combustible, Modified Fire Resistive, Fire Resistive, Brick / Stone Veneer
Floor Construction: Wood Joists & Deck, Concrete on Grade, Concrete on Steel, Pre-Stressed Concrete, Reinforced Concrete, Steel on Steel
Roof Construction: Wood System, Concrete System, Metal System, Wood Bow Truss System\*
Roof Covering: Built-Up System, Membrane, Composition Shingle, Metal Panels
Cut-Offs: Vertical: Yes, No, Not Adequate; Horizontal: Yes, No, Not Adequate

Any Structural Steel Components in Building: Yes, No
If "YES," Is Steel Protected to Meet NFPA Standards?: Yes, No
Age: 44 Yrs. Height: ONE & TWO (1 & 2) Stories
Building Designed for Present Occupancy: Yes, No
Building Converted for Present Occupancy: Yes, No
Vertical Openings Protected: Yes, No, N/A
Physical Condition of Property: Superior, Above Average For Class, Average, Marginal, Poor, Considered NOT Insurable

Sec. 2 - BUILDING OCCUPANCY DATA:

Table with 3 columns: LOCATION, PRESENT OCCUPANCY, CONSIDERED HAZARDOUS. Locations include Basement, First Floor, Second Floor, Above. Occupancy includes Martial Arts Studio, Professional Office, Day Care & Meetings, Insured Bowling Center.

Sec. 3 - COMMON HAZARDS & CONDITIONS:

Type Heat System: FORCED AIR
Type Electrical System: CONDUIT; CIRCUIT BREAKER
Plumbing Satisfactory: Yes, No
Combustible Storage: Yes, No
Maintenance Conditions Satisfactory?
Any Unusual Congested Areas on Premises?
Housekeeping Conditions Satisfactory Throughout?
Smoking Controls in Place Satisfactory?

Sec. 4 - SPECIAL HAZARDS:

Compressors, Generators, Pumps: No, Yes, N/A
Heating Oil Tank(s) Within Building: No, Yes, N/A
Commercial Cooking Operations on Premises: No, Yes, N/A
Refrigeration With Warning Alarm for Perishables: No, Yes, N/A
Pin Refinishing Operations Conducted: No, Yes, N/A
Flammable Liquid Use, Handling or Storage: No, Yes, N/A
Oil Rag Use, Handling and Storage: No, Yes, N/A
Pin Pits' Housekeeping Unsatisfactory: No, Yes, N/A

Sec. 5 - PROTECTION:

PUBLIC: Paid Department, Volunteer Department, Combination Dept., Rural Fire District
PRIVATE: Automatic Sprinkler Protection, Fire Alarm Protection, Adequate Extinguishers Provided, Current Tags Affixed

Sec. 6 - COMMERCIAL CONTENTS & PROPERTY:

APARTMENTS / MOTELS: No. of Units, Occupancy Rate, Average Rent, Contents Value
STORES / OFFICES: Approximate Values of Furnishings/Fixtures, Stock Cost Value, Equipment
Stock Inventoried: Yes, No
Any Stock Kept in Vehicles Off Premises: Yes, No
Gross Sales: Annual - \$20,000, Month - \$
Description of Stock: BOWLERS' EQUIPMENT; CLOTHING; SUPPLIES

Insured's Interest in Fixed Property Contents: Owner, Consignee, Bailee, No Interest, Other

Table with 3 columns: Construction, No. Floors, Occupancy. Construction: MASONRY, No. Floors: 1, Occupancy: RETAIL AUTOMOBILE PARTS STORE



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**Sec. 8 – "SPECIAL ATTENTION" HAZARD DATA:**

- |    |  |                                     |                                     |                          |
|----|--|-------------------------------------|-------------------------------------|--------------------------|
|    |  | <b>YES</b>                          | <b>NO</b>                           | <b>N/A</b>               |
| 1. | <b>HOUSEKEEPING</b> Conditions Satisfactory In: <b>a. Storage, Equipment &amp; Supply Areas?</b> .....       | <input checked="" type="checkbox"/> | <input type="checkbox"/> *          |                          |
|    | <b>b. Pin Setting Machine Area – Not Used For Storage?</b> .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> *          |                          |
|    | <b>c. Restaurant, Lounge and/or Snack Bar Areas?</b> .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> *          |                          |
| 2. | <b>SMOKING CONTROLS:</b> Adequate & Sufficient Smoking Waste Containers Provided for All Areas? .....        | <input checked="" type="checkbox"/> | <input type="checkbox"/> *          |                          |
|    | All Containers Emptied After Closing and Accumulated Smoking Waste Placed Outside? .....                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> *          |                          |
|    | "NO SMOKING" Signs Posted in Work Room, Storage and Pin Setting Machine Areas? .....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> *          |                          |
| 3. | <b>OPERATIONAL</b> Hazards: <b>a. Kitchen Area(s) and Cooking Equipment Adequate and Satisfactory?</b> ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> *          | <input type="checkbox"/> |
|    | <b>b. Automatic Fire Suppression System Provided for Cooking Area(s)?</b> .....                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> *          | <input type="checkbox"/> |
|    | <b>c. Pin Refinishing Operations Performed on Premises?</b> .....  | <input type="checkbox"/> *          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | <b>d. Only Water Base Lane Dressing Used?</b> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> *          |                          |

4. **LANE REFINISHING** Contractor:  **NONE AT THIS TIME – Synthetic Surfaced Lanes**
- Certificate of Insurance Obtained From Contractor? .....
- |  |                          |                            |
|--|--------------------------|----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> * |
|--|--------------------------|----------------------------|
5. Is There any **WATER DAMAGE** Exposures Above or Near Pin Setting Machinery? .....
- |  |                            |                                     |                          |
|--|----------------------------|-------------------------------------|--------------------------|
|  | <input type="checkbox"/> * | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|----------------------------|-------------------------------------|--------------------------|
- If "YES," Is Area Where Pin Setting Machinery Provided With "Wet Pipe" Automatic Sprinkler Protection? .....
- |  |                            |                          |                                     |
|--|----------------------------|--------------------------|-------------------------------------|
|  | <input type="checkbox"/> * | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--|----------------------------|--------------------------|-------------------------------------|
- If "Sprinkler" Protection, Is Area Adequate Heated to Prevent Freezing in Sprinkler Lines? .....
- |  |                            |                          |                                     |
|--|----------------------------|--------------------------|-------------------------------------|
|  | <input type="checkbox"/> * | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--|----------------------------|--------------------------|-------------------------------------|
6. Private **FIRE EXTINGUISHER** Protection Distributed: Number - **Class A Units – NONE** **Class B Units – NONE**  
**Class BC Units – 1** **Class ABC Units – 12**

**COOKING AREA EXPOSURE DATA**  **NO COMMERCIAL COOKING EXPOSURES**

7. Type **RESTAURANT OPERATION(S)**:  Full Service  Bar & Grill  Snack Bar Only  Leased to Independent Operator

8. **COOKING EQUIPMENT:**

Item – Unit	Number Of Units	Fuel:		Under Hood:		Condition:		
		Gas	Electric	YES	NO	Good	Average	Poor
Range With Oven(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
Grill Surfaces	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
Deep Fryers	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
Broilers – All Types		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
Ovens – Free Standing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
Rotisseries – Open		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
Microwave Ovens	2	*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *

**COOKING AREA EXPOSURE DATA**  **NO COMMERCIAL COOKING EXPOSURES**

- |  |            |           |            |
|--|------------|-----------|------------|
|  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|--|------------|-----------|------------|
9. Is All Cooking Equipment that Emits Grease Laden Vapors Located Under **METAL EXHAUST HOOD**? .....
- |  |                                     |                            |
|--|-------------------------------------|----------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> * |
|--|-------------------------------------|----------------------------|
10. Is Protective Exhaust Hood Equipped With **METAL GREASE VAPOR TRAPPING FILTERS**? .....
- |  |                                     |                            |
|--|-------------------------------------|----------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> * |
|--|-------------------------------------|----------------------------|
11. Is the Hood and its **DUCTS CLEANED** Regularly by Professional Contractor? .....
- |  |                                     |                            |
|--|-------------------------------------|----------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> * |
|--|-------------------------------------|----------------------------|
- If "YES," Name: **DUCT CLEANING SERVICE & MAINTENANCE CO.**  
 Cleaning Frequency:  **Semi-Annual** \* **Annual** Last Service:
12. Do Ducts Pass Through **COMBUSTIBLE WALLS** and/or Roof? .....
- |  |                            |                                     |
|--|----------------------------|-------------------------------------|
|  | <input type="checkbox"/> * | <input checked="" type="checkbox"/> |
|--|----------------------------|-------------------------------------|
- If "YES," Are they Fitted With Proper and Adequate Thimble Collars? .....
- |  |                          |                            |
|--|--------------------------|----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> * |
|--|--------------------------|----------------------------|
13. Are **DEEP FRYER UNITS** Located at Least Sixteen (16) Inches From All Heat Sources? .....
- |  |                          |                                       |
|--|--------------------------|---------------------------------------|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> * |
|--|--------------------------|---------------------------------------|
- If "YES," Indicate Distance From Nearest Heat Source: **FOUR (4) Inches --- RECOMMENDATION.**
14. All Cooking Equipment Located Under Metal Hood Protected by **AUTOMATIC FIRE SUPPRESSION SYSTEM**? .....
- |  |                                     |                            |
|--|-------------------------------------|----------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> * |
|--|-------------------------------------|----------------------------|
- If "YES," ... **a) Name of Manufacturer: ANSUL SUPPRESSION EQUIPMENT** Age: **TWO (2) Years**  
**b) Name of Service Contractor: AMAERICAN FIRE EQUIPMENT CO.**  
**c) Indicate Service Frequency:  Semi-Annual \* Annual** Last Service: **MARCH 2003**  
**d) Suppression System "UL 300" Compliant?** .....
- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|
15. Suppression System Equipped with **AUTOMATIC FUEL SHUT-OFF** & Accessible Manual Activation Switch? .....
- |  |                                     |                            |
|--|-------------------------------------|----------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> * |
|--|-------------------------------------|----------------------------|
16. Is a **Class 2A:C:K** or Better **MANUAL FIRE EXTINGUISHER** Located in the Cooking Areas? .....
- |  |                                     |                            |
|--|-------------------------------------|----------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> * |
|--|-------------------------------------|----------------------------|
17. If **SUPPRESSION SYSTEM** is NOT "UL300" Compliant, is **Class 40BC** Extinguisher Mounted in Cooking Area? .....
- |  |                          |                            |
|--|--------------------------|----------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> * |
|--|--------------------------|----------------------------|
18. Are All **REFRIGERATION COMPRESSORS** Properly Serviced and Free of Combustible Storage? .....
- |  |                                     |                            |
|--|-------------------------------------|----------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> * |
|--|-------------------------------------|----------------------------|
- Are All Refrigeration Devices Connected to "WARNING ALARM" in the Event of **POWER FAILURE**? .....
- |  |                          |                                       |                                     |
|--|--------------------------|---------------------------------------|-------------------------------------|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> * | <input checked="" type="checkbox"/> |
|--|--------------------------|---------------------------------------|-------------------------------------|
19. Does the **COOKING AREA** Arrangement Conform to **NFPA Standards #10 and #96**? .....
- |  |                                     |                            |
|--|-------------------------------------|----------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> * |
|--|-------------------------------------|----------------------------|

**COOKING AREA HOUSEKEEPING CONDITIONS:**

- |  |            |           |            |
|--|------------|-----------|------------|
|  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|--|------------|-----------|------------|
20. Is the **KITCHEN AREA** Floor, Walls and Ceiling Maintained in a Clean and **GREASE FREE** Condition? .....
- |  |                                     |                            |
|--|-------------------------------------|----------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> * |
|--|-------------------------------------|----------------------------|
21. Are **REFUSE CONTAINERS** Adequate, Equipped With Tight Fitting Covers and Placed **OUTSIDE OF BUILDING** at Closing? .....
- |  |                                     |                            |
|--|-------------------------------------|----------------------------|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> * |
|--|-------------------------------------|----------------------------|



Bowling Center Property & Liability Survey

DATA PAGE

GENERAL LIABILITY INFORMATION

DATA PAGE

PREMISES:

- 22. PARKING AREA Approach, Access and Traffic Configuration Satisfactory?
23. SIDEWALKS in Satisfactory Condition...
24. Are Roof Drains, GUTTERS AND DOWNSPOUTS in Satisfactory Condition...
25. EXTERIOR STAIRS on Premises, Free of Hazards...
26. INTERIOR STAIRS on Premises, Free of Hazards...
27. ALL STAIRWAYS Satisfactory, in Good Repair...
28. WALK OFF MATS Provided for Main Entrances...
29. INTERIOR LIGHTING Adequate and Satisfactory...
30. FLOOR AREAS, Floor Coverings, Stairs and Approaches...
31. SEATS, BENCHES, TABLES, Chairs and Other Furnishings...
32. Are HOUSE BALL RACKS Limited to a MAXIMUM HEIGHT...
32. All ELECTRICAL EQUIPMENT and Electrical Circuits...
34. HEATING SYSTEM Inspected and Serviced Annually...
35. Are All ELECTRICAL CIRCUITS and Electrical Equipment...
36. Does Insured Have Adequate FIRST AID SUPPLIES...
37. Is FOOD PROHIBITED in and Near Alley Approaches...
38. Does Insured Entity SPONSOR TEAMS, SPORTING EVENTS...
39. Are All SPILLS CLEANED Up Immediately...
40. Does Insured Have a Adequate Program in Place for the MAINTENANCE OF EQUIPMENT...
41. Does Insured Lease Space to Other Entities?...
42. SNOW AND ICE Removal Completed as Necessary...
43. Is BASEMENT Used by Patrons for Any Purpose...
44. Is this a NO SMOKING Facility?...
45. Does Insured Provide a CHILD DAY CARE NURSERY OPERATION...

(\* Provide details in Summary or include applicable supplemental form.

LIABILITY DATA COMMENTS:

NONE REQUIRED THIS REPORT. SEE SUMMARY PAGE.

ITEM 43: TWO (2) ATTENDANTS ON DUTY WHEN DAY CARE CENTER IS IN OPERATION.

NOTE: NO TOTALLY "SMOKE FREE" AREAS HAVE BEEN PROVIDED FOR PATRONS. HOWEVER, "NO SMOKING" IN 'PIT' AREAS.



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**LIFE SAFETY INFORMATION:**

	YES	NO	N/A
46. <b>COMMON AREAS</b> Equipped With Smoke Detector as Required by NFPA & Local Codes ?	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
47. <b>PRIMARY ENTRANCE</b> to Common Areas Equipped With <b>SECURITY SYSTEM</b> Which Can be Controlled by Tenants/Employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
48. <b>SECONDARY ENTRANCES / EXITS</b> Secured From Inside and Only Accessed From Outside With Key?	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
49. <b>EMERGENCY LIGHTING</b> With Battery Back Up Installed in Common Areas and Tested Regularly ?	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
50. At Least <b>TWO (2) ADEQUATE MEANS OF EGRESS</b> Provided From All Floors ?	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
If "YES," ... a) Exits Easily Accessible and Egress Unobstructed ?	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
b) Maximum Distance From Farthest Occupancy Door / Area to Nearest Exit: (     ) Feet			
51. Are All <b>DOORS</b> Used by General Public, <b>KEPT UNLOCKED</b> During Business Hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
52. <b>EXIT SIGNS</b> in Place for ALL Exits, and Illuminated if Required ?	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
53. Could a <b>FIRE DEVELOP RAPIDLY</b> Because of <b>Poor Maintenance / Housekeeping, Combustible Furnishings / Contents</b> ?	<input type="checkbox"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "YES," Are All <b>FIRE ZONES*</b> Accessible for <b>Fire Department Suppression and Rescue</b> Operations ?	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
54. Are All <b>NON-EXIT DOORS</b> Clearly Marked or Signed – <b>NOT AN EXIT</b> or <b>STORAGE ROOM</b> , Etc. ?	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
55. <b>PANIC HARDWARE</b> Latching Device on All Exit Doors Where Required ?	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
56. <b>SECURITY DEVICES</b> in Addition to Standard Locks Provided on all Doors ?	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
57. If Premises Has <b>U.L. LISTED FIRE ALARM</b> System, Does it Report to <b>CENTRAL STATION</b> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>
If <b>Alarm Equipped</b> , Will it <b>CLOSE DAMPERS</b> and <b>TURN OFF POWER</b> to <b>AIR CONDITIONING SYSTEM</b> on Activation ?	<input type="checkbox"/>	<input checked="" type="checkbox"/> *	<input checked="" type="checkbox"/>

(\*) A FIRE ZONE is a 'floor' or a 'fire division' separated by horizontal exits.

**LIFE SAFETY DATA COMMENTS:**

NONE REQUIRED THIS REPORT. SEE SUMMARY.

ITEM 51: MAINTENANCE AND HOUSEKEEPING CONDITIONS ARE ABOVE AVERAGE THROUGHOUT THIS CENTER.

**PROPERTY DATA COMMENTS:**

NONE REQUIRED THIS REPORT. SEE SUMMARY.

SEC. 1: STEEL BOW TRUSS UNITS FORMING PRIMARY FLOOR STRUCTURE OVER BOWLING LANES, ARE NOT PROVIDED WITH ANY TYPE HEAT RESISTIVE INSULATING MATERIALS. ONLY HAVE A COATING OF RUST INHIBITING PAINT. TRUSS SYSTEM PROVIDES CLEAR SPAN AREA OVER THE BOWLING LANE SECTION. IN THE EVENT OF A SERIOUS CONFLAGRATION, THIS ROOF WOULD COLLAPSE RESULTING IN SEVERE PROPERTY LOSSES. AT TIME BUILDING CONSTRUCTED, CODES PERMITTED PLACING STEEL TRUSS UNITS WITHOUT HEAT RESISTIVE INSULATION.

IN ADDITION, STEEL BAR-JOIST SYSTEM OVER THE TWO (2) STORY SECTION ON EAST SIDE OF BUILDING IS NOT PROTECTED WITH ANY TYPE HEAT RESISTIVE MATERIALS. HOWEVER, THERE IS A HOLLOW CONCRETE BLOCK LOAD BEARING WALL RUNNING DOWN THE "CENTER" LENGTH OF THIS SECTION, PLUS ROOM PARTITIONING THAT WOULD LIMIT LOSS IN THE EVENT OF SEVERE CONFLAGRATION IN THIS AREA. NO DIRECT ACCESS FROM BOWLING CENTER TO EAST SIDE SECTION.

SEC. 2: BUILDING DOES NOT HAVE TRUE "BASEMENT." CONNECTING SECTION ON EAST SIDE HAS LOWER "WALK-OUT" EXITS DUE TO LAND SLOPING. TOTAL SECTION IS SEPARATED FROM BOWLING CENTER AREA.

ITEM 14: AUTOMATIC SUPPRESSION SYSTEM FOR COOKING AREA IS PAST ALLOWABLE "NFPA" SERVICE INTERVAL.

**SPECIAL INFORMATION:**

None requested or required.



## • • • Bowling Center Property &amp; Liability Survey • • •

**RISK IMPROVEMENT RECOMMENDATIONS**

IT IS THE OPINION OF THIS INSPECTOR THAT THE FOLLOWING RECOMMENDATIONS ARE REQUIRED TO BRING THIS RISK UP TO A CONDITION THAT WOULD MAKE IT ACCEPTABLE FOR COVERAGES BEING WRITTEN. THESE RECOMMENDATIONS ARE BEING SUBMITTED FOR YOUR REVIEW AND DISPOSITION.

**2003.05.01:** **MANDATORY**     **ADVISORY**

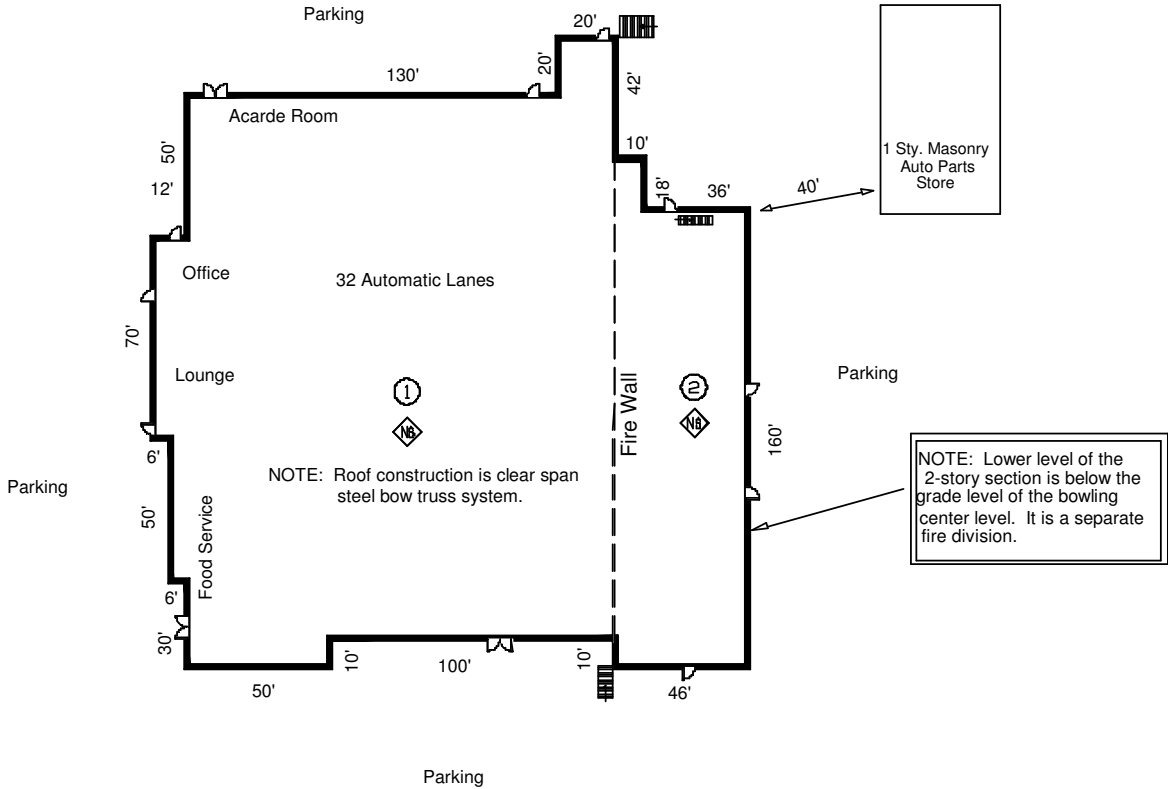
The automatic fire suppression system located in the property at the above stated address, is past the allowable service interval. This system should be inspected and tested by a qualified service contractor at once, and thereafter on a semi-annual basis. A durable tag should be affixed to the system indicating name of the service contractor and date of service. (NFPA 96-8-2)

**SPECIAL NOTES:**

None required at this time.



• • • Bowling Center Property & Casualty Survey Report – DIAGRAM PAGE • • •



DILLMAN AVENUE

Scale: 1 = 60

Sketch by Apex IV Windows™

AREA CALCULATIONS SUMMARY						CONSTRUCTION DATA	
Code	Description	Factor	Size	Perimeter	Totals	BLDG. CLASS	OCCUPANCY
GBA1	Bowling Center	1.00	38080	876	38080	Class 4 Building	Bowling Center and Leased Areas
TOTAL BUILDING (rounded)					38080	AREA DATA: 1st Floor - 38,080 SF Lower Level - 7540 SF	



♦ ♦ ♦ Bowling Center Property & Casualty Survey Report – PHOTO PAGE ♦ ♦ ♦

Photo No: **1**

**FRONT ELEVATION**

➤ **Building Age: 44**  
**Years**

➤ **Building**  
**ISO Class: 4**

**Special Note:**



Photo No: **2**

**REAR ELEVATION N.E.**

**Special Note:**





• • • Bowling Center Property & Casualty Survey Report – PHOTO PAGE • • •

Photo No: **3**

**REAR ELEVATION –  
N.W. SECTOR**

**Special Note:**



Photo No: **4**

**AUTOMATIC SCORING  
SYSTEM EQUIPMENT**

**Special Note:**

