

## QUESTIONNAIRE FOR MEMBERS OF THE AUSTRALIAN BOWLING PROPRIETORS ASSOCIATION LIMITED

1. Full Name of Centre: .....
2. Trading Name: .....
3. Contact Name:.....
4. Postal Address:.....Post Code:.....
5. Phone: (H).....(W)..... (M).....  
(FAX).....
6. Physical Address of Centre:.....Post Code:.....
7. Email Address:.....
8. Internet Site.....
9. Memberships: Gold Pin  AMF  Other  Please specify.....
10. How long have you operated the centre:.....

**Period of Insurance:** From ..... / ..... / ..... To ..... / ..... / .....

**SITUATION TO BE INSURED:**

Building No.	Location	Construction			Age
		Walls	Roof	Floors	
1					
2					
3					
4					
5					

**SECURITY DETAILS OF EACH LOCATION:**

Building No.	Sprinklered – Yes / No	Detectors		Deadlocks		Security Alarm	
		Smoke	Heat	Doors	Windows	Local	Monitored
1							
2							
3							
4							
5							



**GLASS SECTION:**

External Glass Yes  No

Internal Glass Yes  No

**MACHINERY BREAKDOWN SECTION (Excluding Electronic Equipment):**

Type of Equipment	Size / Number of motors	Serial no.	Sum Insured
			\$
			\$
			\$
			\$
TOTAL			\$

Limit any one Breakdown: \$.....

Limit for Deterioration of Refrigerated Goods: \$.....

**ELECTRONIC EQUIPMENT SECTION:**

Specified Items	Sum Insured
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
TOTAL	\$

**Optional Extensions:**

Cost of Restoring Data: \$..... Extra costs of working:.....

**GENERAL & PRODUCTS LIABILITY SECTION:**

Centre Activities:.....

Does the Centre have:

- a) Child Minding Facilities Yes  No
- If YES: Are qualified childminders provided? Yes  No

Experience of the minders:.....

Qualifications of the minders:.....

- b) Canteen / Cafeteria Yes  No
- c) Licensed Bar Area Yes  No
- d) Retail Goods Yes  No
- e) Host International/National Events Yes  No
- f) Own the premises Yes  No

Total Turnover (\$): ..... Turnover from Bar Sales (\$): .....

Total Number of Lanes: .....

Are the premises utilised for any other purpose other than Ten Pin Bowling including associated activities described above? (eg. Private functions). Please describe:

.....  
 .....

**GENERAL:**

1. Is the property/properties now proposed for insurance already insured? *If yes, please state name of Insurer, address, policy number and expiry date. (A schedule of current insurance policies would also assist):*

.....  
.....

2. Have you, your spouse or any director or partner in your business either alone or in conjunction with others, ever had insurance declined or cancelled or had special terms imposed by an Insurance Company, or been declared bankrupt or convicted of a criminal offence.

*If yes please provide details:*.....  
.....  
.....

3. During the last 5 years have you, your spouse or any director or partner in your business either alone or in conjunction with others:

i) sustained loss or damage to your property? *If Yes, please provide details together with full details of any insurance claims made showing names, addresses of Insurance Companies and amounts of claims.*

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If you have not operated this centre for the last 5 years, please provide details of claims submitted by the previous operators for this period:

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.....

ii) had any public liability claims made against you? *If Yes, please provide details:*

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.....

**SIGNED:**..... **PRINT NAME:**.....

**DATED:**.....

To enable a quotation for insurance costs to be provided for your centre, please forward the completed form to:

**Assurity Pty Ltd**  
**PO Box 136**  
**STRATHPINE QLD 4500**  
**Attention – Peter Roberts**

Telephone: (07) 3490-9210  
Facsimile: (07) 3205-6610  
Email: peter@assurity.com.au