**OHIO FAIR PLAN UNDERWRITING ASSOCIATION**

**BOWLING ALLEY SUPPLEMENT**

**MAIL TO:** Ohio FAIR Plan Underwriting Association
2500 Corporate Exchange Drive
Suite 250
Columbus, OH 43231

**PHONE:** 1-800-282-1772
**FAX:** 1-614-839-6446
**Website:** www.ohiofairplan.com

**PLEASE ANSWER EVERY QUESTION**
- **INCOMPLETE APPLICATIONS WILL BE DECLINED IN WRITING**

**TO BE COMPLETED IN CONJUNCTION WITH BASIC PROPERTY APPLICATION AND COMMERCIAL SUPPLEMENT**

### A. UNDERWRITING INFORMATION

1. **DATE LANES LAST PROFESSIONALLY SANDED AND REFINISHED:**
   - a. **MATERIAL USED FOR THIS PURPOSE:**
   - b. **LANES REFINISHED AT ANY TIME DURING THE YEAR?**
     - YES ☐ NO ☐
   - c. **ENTIRE BUILDING CLOSED TO THE PUBLIC DURING LANE REFINISHING?**
     - YES ☐ NO ☐
     - If no, what section remains open?
     - OFPUA requires that:
       1. Lane refinishing be completed by a professional refinishing firm.
       2. The bowling alley must be closed during the refinishing.

2. **PINS REFINISHED IN THE BUILDING?**
   - YES ☐ NO ☐
   - If yes, NOT eligible for OFPUA coverage
   - OFPUA requires that:
     - a. Pin refinishing be completed by a professional refinishing firm
     - b. Pin refinishing be accomplished off-premises

3. **OTHER OCCUPANTS IN THE BUILDING?**
   - YES ☐ NO ☐
   - If yes, identify:

4. **ANY FOOD PREPARATION FOR THE PUBLIC?**
   - YES ☐ NO ☐
   - If yes:
     - a. **GRILL AND/OR DEEP FRYER IN USE?**
       - YES ☐ NO ☐
     - b. **COOKING APPLIANCES UNDER A HOOD WITH PROPER EXHAUST SYSTEM AND PROTECTED BY UL APPROVED AUTOMATIC EXTINGUISHING SYSTEM?**
       - YES ☐ NO ☐
     - c. **SURFACE PROTECTION PROVIDED FOR THESE APPLIANCES?**
       - YES ☐ NO ☐
     - d. **CURRENT MAINTENANCE CONTRACT FOR SEMI-ANNUAL INSPECTIONS?**
       - YES ☐ NO ☐
       - If yes, list the contracted company:
     - e. **AUTOMATIC GAS/ELECTRIC SHUTOFF VALVE PROVIDED?**
       - YES ☐ NO ☐

5. **PROPER FIRE EXTINGUISHERS CONVENIENTLY AVAILABLE THROUGHOUT THE PREMISES?**
   - YES ☐ NO ☐

**WARRANTY (Please read, sign and date)**

I warrant the information provided in this supplement is true and correct.

Applicant’s Signature ___________________ Date ____________

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**OFP-BAS (10/00)**

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