



CASINO INSURANCE APPLICATION

1. Policy period required from: _____ to _____

INSURED

1. Named Insured as it is to appear on policy: _____
2. Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
3. Location of Risk: _____
City: _____ Province: _____ Postal Code: _____
4. Contact Name: _____ Title: _____
5. Website Address: _____
6. Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other _____
Description of Gaming Operation/Gaming Machines (Bingo, Slots etc) _____

BROKER

9. Name of Agent/Brokerage: _____
10. Contact Person: _____
11. Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: (____) _____ FAX: (____) _____ Email: _____

CURRENT/MOST RECENT COVERAGE INFORMATION

Is current insurer offering renewal? ☐ Yes ☐ No

If no, please explain _____

Is account currently written through your office ☐ Yes ☐ No

How long have you known this client? _____

1. Insurance Company: _____ Dates of Coverage: _____

2. Liability Limits: Occurrence: _____ Aggregate: _____
Deductible: _____ Premium: _____
Property Limit: _____ Premium: _____
Other (Please specify type): _____ Aggregate: _____

3. Is Hired/ Non-Owned Auto Coverage included? ☐ Yes ☐ No

Average Non-Owned Auto Value: _____

4. Any losses in the past five years? ☐ Yes ☐ No *If yes, please attach a complete Loss History.*

5. Has any form of Insurance ever been canceled/declined? ☐ Yes ☐ No

If yes, please provide details: _____

Please attach a schedule of any additional current insurance coverage.

DESIRED COVERAGES:

1. Desired Limit of Commercial General Liability: _____ Deductible: _____
2. Property: _____ Equipment: _____
3. Hired and Non-Owned Auto: Limit: _____ Deductible: _____
of Vehicles: _____ Types of Vehicles: _____
of Days Rental: _____
4. Please list any other coverages required: _____

If more space is needed, please attach a schedule of coverages and limits of liability required.

PROPERTY INFORMATION:

1. Total area occupied by business to be insured: _____
Total area of the building: _____
2. Other Occupancies: _____
3. Number of Stories: _____ Age: _____
Number of basements you occupy (if any): _____
4. Indicate year of building updates: Electrical: _____ Plumbing: _____ Heating/AC: _____ Roof: _____
5. List any other updates which have been done: _____
6. Construction of Walls: _____ Roof: _____ Are there bars on: ☐ Windows ☐ Doors
7. Distance to nearest Fire Hydrant: _____ Distance to nearest Fire Hall: _____
8. Are there Building Sprinklers? ☐ Yes, 100% ☐ Yes, Partial _____ % ☐ No
9. Burglar Alarm ☐ Yes ☐ No If yes, what type: ☐ Central ☐ Monitoring ☐ Local ☐ ULC ☐ Certified
10. Are all doors equipped with double cylinder deadbolt locks? ☐ Yes ☐ No
If no, please describe protection: _____
11. Is there a Safe on the premises? ☐ Yes ☐ No
If yes, please specify type/class: _____
12. Average amount of cash on the premises: _____ Maximum Amount: _____
13. Is the property: ☐ Privately Owned ☐ Rented ***If Rented, Please attach a copy of the Lease Agreement***
14. Area of Gaming Floor: _____ Number of Slot Machines: _____ Number of Tables: _____

GENERAL OPERATING INFORMATION:

1. Estimated Annual Attendance: _____ Maximum Capacity: _____
2. Estimated % of Patrons visiting from: USA: _____ Canada: _____ Other: _____
3. How is attendance monitored? _____

4. Hours of Operation: _____
5. Number of Staff: total: _____ per shift: _____

6. Are there Cooking Facilities on the premises? ☐ Yes ☐ No If yes, please describe: _____
 Who is providing food, applicant or other (name)? _____
 If Other than Applicant, is Certificate of Insurance provided? ☐ Yes ☐ No
 Is Applicant named as Additional Insured thereon? ☐ Yes ☐ No
 Describe the type(s) of food served: _____
7. Are all food service areas checked and maintained regularly? ☐ Yes ☐ No How often? _____
8. Any sales of Alcoholic beverages on the premises? ☐ Yes ☐ No ***If yes, attach Liquor Liability Application***
9. Number of Security Personnel: total: _____ per shift: _____
 If armed, what firearms training is required? _____
 Number of Security Personnel continuously at every entrance to count patrons and check identification: _____
 Are background Checks run on all employees? ☐ Yes ☐ No If yes, to what extent? _____

 Are references required? ☐ Yes ☐ No Are references checked? ☐ Yes ☐ No
 Who is responsible for providing Security (name)? _____
 If Other than the Applicant, is Certificate of Insurance provided? ☐ Yes ☐ No
 Is there any type of "Holding Cell" or detainment centre on the premises? ☐ Yes ☐ No
 If yes, please describe: _____

10. Are all parking lots well-lit? ☐ Yes ☐ No Are all parking areas patrolled by Security? ☐ Yes ☐ No
 Is Valet parking available? ☐ Yes ☐ No ***If yes, attach a list of all Parking Attendants you employ***
 Is Shuttle Serviced provided? ☐ Yes ☐ No How is access to the parking lot(s) controlled? _____

 Are parking areas and sidewalks/walkways checked daily and maintained regularly? ☐ Yes ☐ No
 # of parking lots: _____ Total parking lot capacity: _____ cars
 # of Parking Attendants per shift: _____
11. Are patrons required to walk across public streets or highways from the parking area? ☐ Yes ☐ No
 Are buses or trams used on the premises? ☐ Yes ☐ No
 Are curbs, steps, ledges highlighted? ☐ Yes ☐ No
 Are the exits clearly marked? ☐ Yes ☐ No
 Are stairways and emergency egress routes equipped with emergency lighting? ☐ Yes ☐ No
12. Is there an emergency evacuation plan established for the facility? ☐ Yes ☐ No ***If yes, please attach a copy***
13. Is there a back-up generator or other power supply in an emergency? ☐ Yes ☐ No
14. Are floors and stairwells checked daily and maintained regularly? ☐ Yes ☐ No
 Are all floor surfaces in the facility of a non-skid/non-slip surface? ☐ Yes ☐ No
 If no, please explain: _____

15. Are tables and chairs in good condition and subject to regular inspection and repair? ☐ Yes ☐ No
16. Please state the frequency of washroom checks/maintenance: _____

17. Are there any elevators or escalators on the premises? ☐ Yes ☐ No If yes, please identify number and type:
Elevators: _____
Escalators: _____
- PLEASE PROVIDE A COPY OF THE MOST RECENT INSPECTION OF THE ELEVATORS/ESCALATORS**
18. Is there a maintenance log or schedule recording the activities in question number(s) 6 to 10, and/or 14 to 17 above? ☐ Yes ☐ No
If yes, please attach a sample of each log or schedule
19. Is there any child-care/babysitting service? ☐ Yes ☐ No If yes, please describe: _____

20. Is smoking allowed anywhere on the premises? ☐ Yes ☐ No If yes, please describe: _____

21. Is there a video arcade or games room? ☐ Yes ☐ No If yes, please describe: _____

22. Is there a Spa, Fitness Centre or Recreational Activities ☐ Yes ☐ No If yes, please describe: _____

23. Are there overnight Accommodations on the premises? ☐ Yes ☐ No If yes, how many rooms? _____
Annual Revenue: Rooms: _____ Restaurant: _____ Liquor: _____ Other: _____
Who is responsible for providing this Food and/or Liquor (name)?
If other than Applicant, is Certificate of Insurance provided? ☐ Yes ☐ No
24. Is there a Swimming Pool on the premises? ☐ Yes ☐ No If yes, please describe: _____

If Yes, describe Safety precautions, including description of Lifeguarding, if any: _____

25. Is Live Entertainment provided? ☐ Yes ☐ No If yes, please provide details: _____

26. Does Entertainment ever include Fireworks or Pyrotechnics? ☐ Yes ☐ No
If yes, who is responsible for the set up of same, Applicant or Other (name)? _____
If Other than Applicant, is Certificate of Insurance provided? ☐ Yes ☐ No
Limit: _____ Insurer: _____
- IF CONTINGENT COVERAGE IS REQUIRED, SUPPLEMENTARY FIREWORK APPLICATION MUST BE COMPLETED AND ATTACHED TO THIS APPLICATION**
27. Do you require Entertainers to provide Evidence of Insurance? ☐ Yes ☐ No
Attach a copy of agreements used
Do you agree to Hold Harmless the Entertainers while performing? ☐ Yes ☐ No
Attach a copy of agreements used
28. Is First Aid available? ☐ Yes ☐ No If yes, number of staff trained: _____
Number of medical personnel on site: EMTs: _____ Nurses: _____ Doctors: _____ Other: _____
Describe any other medical facilities on site (eg nurse station): _____
29. Distance to Nearest Hospital: _____

30. Is Video Surveillance used: ☐ Indoors ☐ Outdoors If yes, is it: ☐ Video Tape ☐ Digital ☐ Other: _____
How long are videos retained: _____

31. Describe any hazard in need of correction: _____

PLEASE FORWARD COPIES OF ENGINEERING/INSPECTION REPORT SUGGESTIONS AND CONFIRMATION OF CORRECTIONS

32. Are there any other types of attractions or facilities on the grounds for which coverage is desired? ☐ Yes ☐ No
If yes, please describe: _____

33. Please list any additional exposures not previously described: _____

Annual Gross Receipts: Please list previous year gross receipts (non-betting) from:

Food: _____ Liquor: _____

Parking: _____ Other: _____

If there is "Other" revenue, please describe: _____

Please list the organizations that require a Certificate of Insurance from you (As they are to appear on policy)

NAME	ADDRESS	RELATIONSHIP TO YOU*
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, as respects to your activity or operation.

REQUIRED UNDERWRITING INFORMATION

Please attach the following information to this application:

- a) Loss Runs for the previous five years
- b) Brochures and Promotional Material about the organization
- c) Copy of any Maintenance Log or Schedule used by the Insured, if applicable
- d) Copy of Lease Agreement if Premises/Facility is Rented
- e) Copy of Hold Harmless agreement in place
- f) Copy of agreements used with Entertainers, if applicable
- g) Copy of most recent Inspection of the Elevators/Escalators, if applicable
- h) Copy of any Engineering/Inspection Report suggestions and confirmation of corrections, if applicable
- i) Names of all Parking Attendants and Valets, if applicable

BROKER RECOMMENDATION:

☐ New business to submitting broker's office ☐ Currently insured through submitting broker's office

If currently insured through your office, why is account being remarketed? _____

Is applicant known to selling broker? ☐ Yes ☐ No If yes, for how long? _____ Years

Completed by: _____ Agency/Brokerage: _____

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed Insured's or any 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 others, 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 this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Name (print): _____ Signature: _____ Date: _____

Agent/Broker: _____