



5800 Explorer Drive, Suite 101
 Mississauga, ON L4W 5K9
 905-602-9339 or 800-753-2632
 Fax: 905-602-9141
 www.kandkcanada.com
 K&K Insurance Brokers, Inc. Canada

CASINO APPLICATION

1. Policy period required from _____ to _____
(Year) (Year)

INSURED

1. Named Insured as it is to appear on policy: _____

2. Mailing Address: _____

3. Location of Risk: _____

4. Contact Name: _____ Title: _____

5. Web Site: _____

6. Applicant is: Individual Corporation Partnership Other

Description of Gaming Operation/Gaming Machines (Bingo, Slots etc) _____

7. Number of Locations (If more than one, please attach a schedule of all locations and addresses): _____

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): _____ Limit: _____

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 cancelled/declined? Yes No
If yes, please provide details: _____

Please attach a schedule of any additional current insurance coverage.

Limits of Liability required:

Commercial General Liability

Each Occurrence Limit	\$ _____
Products - Completed Operations Aggregate Limit	\$ _____
Personal Injury Limit	\$ _____
Tenants Legal Liability Limit	\$ _____
Medical Expense Limit - Per Occurrence/Per Person	\$ _____
Non-Owned Automobile Limit - Liability	\$ _____
- Physical Damage	\$ _____
Employee Benefits Limit	\$ _____
Employers Liability Limit	\$ _____
Advertising Injury Limit	\$ _____
Other: _____	\$ _____

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: _____

Modified: January 30, 2012

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 Service 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: _____

Modified: January 30, 2012

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, ledge 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 Accomodations 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.

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