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K&K Insurance Brokers, Inc. Canada

RACINO APPLICATION

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

INSURED

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

2. Applicant is: Individual Corporation Partnership
 Other: _____

3. Mailing Address: _____

4. Name of Track: _____

5. Track Address: _____

5. Contact Name: _____ Title: _____

6. Web Site: _____

7. Number of years in Business: _____ With Current Management: _____

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

9. Racing Season: Opens: _____ Closes: _____

10. Hours of Operation: _____

11. Type of Racing: _____

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

BROKER

1. Name of Agent/Brokerage: _____

2. Contact Person: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

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: _____
15. Grandstand Information
- a) Number of Stores: _____ Age: _____
- b) Indicate year of building updates: Electrical _____ Plumbing: _____
 Heating/AC _____ Roof: _____
- c) List any other updates completed: _____
- d) Construction of Walls/Roof: _____ Are there bars on: Windows Doors
- e) Total Grandstand Capacity: _____
- f) Are the grandstand/clubhouse exits clearly marked? Yes No
- g) Are stairways and emergency egress routes equipped with emergency lighting Yes No
16. What percentage of the grandstand/clubhouse is sprinklered? _____
17. List total grandstand capacity: _____
18. Age of Grandstand: _____ Construction: _____
19. Does Crowd Control fencing prevent spectators from entering restricted areas? Yes No

CASINO INFORMATION

1. Estimated annual attendance: _____ Total Capacity: _____
2. How is attendance monitored? _____
3. Number of Casino Staff: Total: _____ Per Shift: _____
4. Number of Security Personnel (In Casino): Total: _____ Per Shift: _____
 Who provides security? _____
 Number of Security Personnel continuously at each entrance to count patrons and check Identification: _____
5. Describe Casino Construction: _____
 Age: _____ Number of Stories: _____
 What updates have been completed? _____

GENERAL INFORMATION

1. Total number of race dates last year: _____
 Total number of race dates this year: _____
 Number of live racing days: _____
 Number of simulcast days (with no live racing): _____

2. Total annual attendance: _____
 Average daily attendance per card (live racing): _____
 Average daily attendance (simulcast days): _____

3. Previous year gross receipts (non-betting) from: _____

RACETRACK

CASINO

Food: _____ Parking: _____
 Beer/Liquor: _____
 Other (Describe): _____

4. Is there a Liquor Exposure? Yes No **If yes, please fill out and attach Liquor Liability Application**

If Yes, is there a Liquor Legal Liability Policy in force to cover same? Yes No
 Limit: _____ Insurer: _____

Is Certificate of Insurance provided? Yes No

5. Who is providing food and/or drink, Applicant or other(name): _____

If other than Applicant, is Certificate of Insurance provided? Yes No

Is Applicant named as Additional Insured? Yes No

Describe types of food served and Cooking Facilities: _____

6. Are all food service areas checked and maintained regularly? Yes No
 How often? _____

7. Is there any type of Holding Cell or detainment centre on the premises? Yes No
 If yes, please describe: _____

8. 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, 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 any non-racing activities or exposures sponsored by the track management held at this facility during:
Non-Racing Season? Yes No Racing Season? Yes No
On race days? Yes No If yes, please explain and provide a **Complete Listing of all Events**

33. PLEASE ATTACH A SCHEDULE OF ANY NON-RACING EVENTS, NOT SPONSORED BY TRACK MANAGEMENT, FOR WHICH COVERAGE IS DESIRED

34. Are there any other types of attractions or facilities on the grounds such as playgrounds, parks, ponds, etc. For which coverage is desired? Yes No
If yes, please describe: _____

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

Please list the organizations that requier 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.

**1. 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:	\$ _____

2. Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? Yes No
 If yes, please provide details: _____

b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? Yes No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? Yes No

If no, please advise procedures followed and details of contracts used: _____

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? Yes No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? Yes No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? Yes No

If no, in whole or part, please explain: _____

If yes, in whole or part, please attach a copy of the waiver

3. Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ _____ Sublet? \$ _____

Please describe the types of work let or sublet: _____

4. Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

5. Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation?

Yes

No

If no, please explain: _____

6. Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft?

If yes, please give details: _____

7. Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?

Yes

No

If yes, please provide details: _____

b) Does the Insured rent or lease vehicles from others?

Yes

No

If yes (i) How often per year? _____ (per year)

(ii) Are any of these vehicles driven in the United States?

Yes

No

c) Does the Insured contract services from others?

Yes

No

If yes, please describe: _____

d) Does the Insured contract services from others for the purpose of operating Vehicles to perform maintenance, service, haulage or snow removal operations?

Yes

No

8. Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date
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9. Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.)

10. Please provide deductible or self-insured retention amounts for each year noted in question 9.

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect Any deductible provision(s) contained in existing or previous insurance policies? Yes No

11. Please attach a copy of the Insured's most recent audited financial statement.

12. Does the Insured have a formal loss-control program? Yes No
If yes, please provide details: _____

13. Does the Insured have a formal employee safety-training program? Yes No
If yes, please provide details: _____

14. Does the Insured have a formal premises snow/ice clearance procedure? Yes No
If yes, please provide details: _____

15. Does the Insured have a formal equipment or premises maintenance procedure? Yes No
If yes, please provide details including documentation procedures and qualifications of maintenance personnel: _____

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 all contracts/lease/hold harmless agreements between the track management and any other party with regard to this operation
- 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
- j) Diagram and photos of track location
- k) Current schedule of events
- l) Written/Printed emergency evacuation plan
- m) Copy of sample incident report
- n) Copy of Certificates of Insurance supplied to the track by the food service company and maintenance company (only if track's own personnel are not used)

I understand that K&K Insurance Group Canada, or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an 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 Questionnaire 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 Questionnaire 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: _____