

## CASINOS APPLICATION

### SUBMISSION REQUIREMENTS:

- Completed ACORD Application for all submitted lines
- 5 Years Currently Valued Loss Runs for all submitted lines
- Facility Diagram
- Copy of Waivers and Releases
- Copy of Safety Program
- Facility Lease Agreement (if building rented/leased)

### GENERAL INFORMATION

Full Named Insured:						
Mailing Address:				City:	State:	Zip:
Physical Address:				City:	State:	Zip:
Entity Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	
Email:				Phone:		
Year Established:				In business under current management since:		
Is operation part of a franchise?*				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>*If yes, what is the franchise name?</i>						
Facility is:				<input type="checkbox"/> Owned <input type="checkbox"/> Leased		
Is a safety manager on premises at all times the facility is open?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Applicant have a formal safety training program for employees in place?				<input type="checkbox"/> Yes <input type="checkbox"/> No		

### EXPOSURE INFORMATION

Operations: <input type="checkbox"/> Cardroom <input type="checkbox"/> Casino <input type="checkbox"/> Casino-Hotel <input type="checkbox"/> Other (describe):		
Venue Capacity: <i>persons</i>	Hours of Operation: <input type="checkbox"/> AM <input type="checkbox"/> PM to <input type="checkbox"/> AM <input type="checkbox"/> PM	
Operating Season:      to		
<i>Provide anticipated and prior year amount/number of:</i>		
	<b>Upcoming Year</b>	<b>Prior Year</b>
<b>Casino/Gaming Payroll</b>	\$	\$
<b>Employees – Full-Time</b>		
<b>Employees – Part-Time</b>		

<i>Provide estimated receipts:</i>		
	<b>Upcoming Year</b>	<b>Prior Year</b>
<b>Food/Beverage (incl Comps)</b>	\$	\$
<b>Gambling</b>	\$	\$
<b>Gift Shop</b>	\$	\$
<b>Hotel/Motel</b>	\$	\$
<b>Liquor (incl Comps)</b>	\$	\$
<b>Other Receipts*</b>	\$	\$
<b>Total Gross Receipts</b>	\$	\$
<i>*If Other Receipts, describe:</i>		

## FACILITY INFORMATION

Any storage, treating, discharging, applying, disposing, or transporting hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any operations sold, acquired, or discontinued in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any structural alterations or demolitions contemplated?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If so, please advise:</i>	
Machinery, equipment, or attractions rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any watercraft docks (not bumper boats), floats on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any special events scheduled throughout the year?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, provide a schedule.</i>	
Does applicant offer a shuttle service?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If so, for what is the shuttle service used (ex: to/from airport, to/from parking lot, etc.)?</i>	

*Advise who is responsible for the following:*

	<b>Applicant</b>	<b>Facility Owner</b>	<b>Subcontractor</b>	<b>N/A</b>
<b>Building Maintenance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Concessions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Facility Management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Aid</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inflatables/Amusements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Liquor Sales</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Merchandise/Gift Shop</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pyrotechnics</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Special Effects</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Staging/Equipment/Rigging</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Security</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transportation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Valet</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Answer the following with regards to contracts and certificates of insurance with subcontractors and vendors:</i>				
	<b>Applicant</b>	<b>Sub/Tenant</b>	<b>Mutual</b>	<b>N/A</b>
a. Hold Harmless/Indemnification wording is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Additional Insured status is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. COI showing at least \$1M liability limit required by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## LIFE SAFETY

Is there cooking on premises? <i>*If yes, answer the following questions.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the cooking area, hood and duct system protected by a fire extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a written agreement in place for grease removal, hood, duct, and filter cleaning with an outside company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the hood and duct serviced? <input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (explain): Date Last Serviced:	
Is smoking permitted inside the casino/card room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate any Fire Protection in place: <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinklered Facility <input type="checkbox"/> Alarm-Central Station <input type="checkbox"/> Alarm-Local	
Central station burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Closed-circuit surveillance cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any medical facilities provided?*	
<i>*If yes, who provides?</i> <input type="checkbox"/> City Paramedics <input type="checkbox"/> Venue Staff <input type="checkbox"/> Contracted Service <i>*If Contracted Service, are COIs obtained listing Applicant as an AI?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant have at least one (1) Automated External Defibrillator?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are staff members trained to use it?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all walkways clear, free of trip/fall hazards, and well-lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have backup emergency lighting and/or emergency generators in the event of a power failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation/egress plan arranged with civil authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have an emergency evacuation plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are evacuation procedures and floor plans posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exits clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are parking lots well-lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a maintenance program in place to ensure adequate condition of furniture/seating?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## GAMING OPERATIONS

Type of Gaming Operations: <input type="checkbox"/> Card Room <input type="checkbox"/> Slot Machines <input type="checkbox"/> Table Games	
Square feet of casino/gaming area:	
If a vault is used, is there an alarm on the vault?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do cashiers have hold up alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is each gaming table checked for an accurate count of money at the end of each shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are surveillance cameras utilized on the casino floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are surveillance cameras utilized in the cashier's area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a camera in the counting room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many individuals have access to the counting room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a supervisor on duty at all times in the counting room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant provide complimentary alcohol to guests while playing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECURITY

If Applicant uses security, complete the following section.

Is there a written training/safety manual in place?*	<input type="checkbox"/> Yes <input type="checkbox"/> No																											
*If yes, are all individuals who work in a security capacity required to provide written acknowledgment of the manual's policies? <input type="checkbox"/> Yes <input type="checkbox"/> No																												
Provide number of security:																												
	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2"><u>Employees</u></th> <th colspan="2"><u>Off-Duty Police</u></th> <th colspan="2"><u>Contracted Service</u></th> </tr> <tr> <th><u>Armed</u></th> <th><u>Unarmed</u></th> <th><u>Armed</u></th> <th><u>Unarmed</u></th> <th><u>Armed</u></th> <th><u>Unarmed</u></th> </tr> </thead> <tbody> <tr> <td><u>Full-Time</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>Part-Time</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		<u>Employees</u>		<u>Off-Duty Police</u>		<u>Contracted Service</u>		<u>Armed</u>	<u>Unarmed</u>	<u>Armed</u>	<u>Unarmed</u>	<u>Armed</u>	<u>Unarmed</u>	<u>Full-Time</u>							<u>Part-Time</u>						
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<u>Full-Time</u>																												
<u>Part-Time</u>																												
Minimum number of security on duty each shift?																												
If Applicant uses <u>Employed Security</u> , advise training and/or licensing requirements: <input type="checkbox"/> N/A																												
<b>Background Checks/Screen Conducted on all Security Employees:</b>																												
<input type="checkbox"/> Criminal Background Checks	<input type="checkbox"/> Previous Employer	<input type="checkbox"/> Motor Vehicle Report																										
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Drug Screening	<input type="checkbox"/> Personal Reference																										
<input type="checkbox"/> Background Cleared Prior to Hire	<input type="checkbox"/> Other:																											
If Applicant uses <u>Contracted Service/Security Company</u> , answer the following: <input type="checkbox"/> N/A																												
What limit of liability does the Applicant require? \$																												
Is the Security Company required to name Applicant as an AI and provide COI? <input type="checkbox"/> Yes <input type="checkbox"/> No																												
Does the security contract require the Security Company to hold Applicant harmless? <input type="checkbox"/> Yes <input type="checkbox"/> No																												

Are Security Armed?* <i>*If yes, does Applicant and/or third party perform background checks on all armed security?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*What type of firearm training is required for armed security employees?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate any other equipment carried or routinely available to security personnel: <input type="checkbox"/> Dogs <input type="checkbox"/> Flashlights <input type="checkbox"/> Handcuffs <input type="checkbox"/> Nightstick <input type="checkbox"/> Taser/Phaser <input type="checkbox"/> Other (explain):	
Advise maximum security-to-patron ratio: 1 security to _____ patrons	
Advise when and for what purposes security is used (ex: 24/7, during all operating hours, weekends, etc.):	

## HOTEL/MOTEL/LODGING OPERATIONS

If Applicant operates a Hotel/Motel/Lodging operations in connection with its gambling operations, please complete the following section.

Number of rooms:	Average occupancy:	%
Are hard-wired smoke alarms installed in every room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are carbon dioxide detectors in each unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is smoking permitted in guest rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there more than one means of egress from each floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a written evacuation plan posted in each room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe "Do Not Disturb" policy on guest rooms (i.e. how often does Applicant enter guest rooms?)		
Is there a fitness center on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Swimming Pools</b> if Applicant has any pools, answer the following:		
Number of pools:	All pool areas fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of slides:	Minimum number of lifeguards on duty:	
Is diving permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If no, are "No Diving" signs posted?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is pool depth marked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## VALET SERVICE

If Valet Service is provided and Garagekeeper's coverage is requested, please complete the following section.

Describe control procedures used for valet parking (ex: two-part tickets, three-part tickets, etc.):	
Where are customer keys kept?	
Does Applicant screen driver MVRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe lot security, protection, and lighting:	

## ABUSE OR MOLESTATION

If Abuse or Molestation coverage is requested, please complete the following section.

Does Applicant have custodial responsibility of minors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant conduct any overnight operations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Identify the following hiring practices in place:</i>		
Employment applications required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Reference Checks required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Criminal & Sexual Offender records checked for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
In-Person Interview required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Do any current staff or volunteers have any prior abuse or sexual convictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a formal, written Abuse Prevention Program in place?*		<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, provide a copy.		
*If yes, does it include a supervision plan to monitor staff in day-to-day relationships with patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Applicant ever had an incident which resulted in an allegation of sexual abuse or molestation?		<input type="checkbox"/> Yes <input type="checkbox"/> No

## COMMERCIAL AUTO/HIRED & NON-OWNED AUTO

If Commercial Auto and/or Hired & Non-Owned Auto (HNOA) coverage is requested, please complete the following section.

Does Applicant have any owned vehicles?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant allow employees to use their own personal vehicles for business purposes?*		<input type="checkbox"/> Yes <input type="checkbox"/> No
* If yes, how many?		
* If yes, how often?		
Does Applicant confirm all employees driving on its behalf carry at least state minimum personal auto liability limits?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does Applicant rent/lease vehicles to others?*		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
*If Yes, provide a List of Vehicles rented and a copy of the rental contract used.		
If HNOA is requested, please provide the following:		
Annual Cost of Hire: \$	Confirm Driver MVRs are screened: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

## LOSS INFORMATION

Please explain any losses over \$25,000 (use an additional sheet if necessary).

1.
2.
3.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Title

Click or tap to enter a date.

\_\_\_\_\_  
Date