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 CA #0334819

GAMING SUPPLEMENTAL APPLICATION

Named Insured: _____

Contact Person: _____ Title: _____

Location of Premise: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Web Site Address _____

Where are the following coverages placed or being placed?

Workers Compensation Carrier: _____ Effective Date: _____

Excess/Umbrella Carrier: _____ Effective Date: _____

GENERAL LIABILITY- To be used in conjunction with the ACORD Application

1. Provide description of gaming operation/gaming machines (bingo,slots, etc.): _____

Provide square feet of casino/gaming area: _____ Provide total payroll for casino/gaming operation: \$ _____

Provide gross sales receipts for casino/gaming operations: \$ _____ Restaurants: \$ _____

Gift shops: \$ _____ Hotel/motel: \$ _____

2. (Hotels, hospitals and habitational exposures ONLY) Are hard-wired smoke alarms installed in every room? Yes No

3. Are certificates of insurance obtained from all sub-contractors and vendors naming our insured as an additional insured?
 Yes No

4. Hours of casino operation: _____

5. Is the security system monitored? Yes No If so, by whom? _____

6. Distance to the nearest responding police station? _____

7. What is the total number of security staff: _____ Number of security staff on duty each shift? _____

Number of security staff on duty each shift that are armed? _____ Unarmed? _____

If armed, what firearm training is required? _____

8. Is security contracted? Yes No

10. Are background checks run on all employees? Yes No If so, to what extent? _____

11. Are references required? Yes No Are references checked? Yes No

PROPERTY- To be used in conjunction with the ACORD Application (COVERAGE NOT REQUESTED)

1. Is there a cooking exposure? Yes No (If yes, please complete the cooking supplement.)

2. Are there property locations in protection class 7-10? Yes No If yes, describe the water source and its location? (Provide information regarding water towers, water wells, fire hydrants, etc.). _____

3. What type of access system is available? _____

4. Describe the fire department and whether or not it is considered a paid or volunteer fire station. _____

5. What is the fire department's response time? _____

LIQUOR LIABILITY (DOES EXPOSURE EXIST? Yes No; COVERAGE NOT REQUESTED)

1. Name of License Holder _____ Liquor License # _____

2. Have you ever been fined or had your license revoked or suspended? Yes No If yes, describe circumstances: _____

3. Do all servers receive alcohol awareness training? Yes No If yes, describe training: _____
4. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
5. Do you stop serving at least one hour prior to closing? Yes No
6. Current liquor liability carrier: _____
7. Have there been any alcohol related claims in the last five years? Yes No If yes, please provide details: _____

BASIS	ALCOHOL	FOOD
Sales	\$ _____	\$ _____
Comps. (Gaming)	\$ _____	\$ _____
LIABILITY LIMITS REQUESTED:		\$ _____ per occurrence
		\$ _____ aggregate

CHILD CARE/DAY CARE (DOES EXPOSURE EXIST? Yes No; COVERAGE NOT REQUESTED)

1. Describe briefly the type of attention given to minors in the absence of parents: _____
2. What is the typical range of ages served in this program? _____
How many of each age grouping are typically involved, when present, at any one time?

	MALE	FEMALE		MALE	FEMALE
Age 1-2	_____	_____	Age 10-12	_____	_____
Age 3-6	_____	_____	Age 13-17	_____	_____
Age 7-9	_____	_____			

3. What is the common ratio of adults to children? _____
4. How many adult staff directly supervise the activities? _____ Total individuals: _____
At a given time: _____
5. What qualifications do you require of adult staff? _____
6. Do you have a formal set of policies and procedures for screening the character and criminal history of your adult staff, whether volunteers or paid employees - prior to selection? Yes No After selection? Yes No
Please attach these policies/procedures or characterize below: _____
7. How do children arrive and depart your program/facility? _____
8. What system do you use for checking in and out the children as they arrive and depart? _____
9. What meals or snacks are provided? _____
10. What policies and procedures are in place for investigating an allegation of child sexual abuse by staff? _____
11. What adult staff training program(s) do you require and/or provide concerning child sexual abuse prevention? _____

ABUSE & MOLESTATION (COVERAGE NOT REQUESTED)

1. Type of facility: _____
2. Please check each that describes your current and/or planned operations.
- | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> After School Program (on school property) |
| <input type="checkbox"/> Overnight Camp | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Amateur Sports League | <input type="checkbox"/> Amateur Sports Team |
| <input type="checkbox"/> Transportation of Participating Children | <input type="checkbox"/> One-On-One Training |
| <input type="checkbox"/> Other _____ | |

3. Identify current hiring practices for paid and volunteer staff: _____
 Are employment applications required for positions? Yes No
 Is prior employment verified for each applicant and recorded in applicant's file? Yes No
 Are references obtained? Yes No Are references checked? Yes No
 Are criminal records checked? Yes No
 Does your employment application include questions regarding prior criminal convictions? Yes No
 Do you advise every applicant that criminal background checks will be performed? Yes No
4. Do you discuss the importance of providing a safe environment for the children in your care? Yes No
5. Does your orientation include how to recognize the signs of an abused child? Yes No
6. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation? Yes No
7. Are copies of the procedures provided to each member of your staff? Yes No
8. Do you have periodic refresher courses to ensure that your entire staff can recognize the signs of sexual or physical abuse and knows what procedures to follow? Yes No
9. Do you periodically review your written procedures to verify that they are up to date? Yes No
10. Have you ever had an incident which resulted in an allegation or claim of sexual abuse at your facility? Yes No
 If yes, please explain in detail, including the amount of damages paid to the victim. _____

11. What has been done to prevent such occurrences from happening in the future? _____

CRIME - To be used in conjunction with the ACORD Application. (COVERAGE NOT REQUESTED)

For limits over \$100,000, contact K&K directly for a separate application.

1. Identify and describe all safes: _____

 Provide U.L. grading: _____
2. Describe the alarm system installed in/on all safes: _____

 Provide U.L. Grade: _____ Central Station? _____ Police Connection? _____
3. Identify and describe all vaults: _____
 Provide U.L. Grade: _____
4. Describe the alarm system connection to the vaults: _____
 Provide U.L. Grade: _____ Central Station? _____ Police Connection? _____
5. Are surveillance cameras utilized in the vault room or counting room? Yes No
6. Describe procedures for opening safes and vaults. _____

7. How many people have access to the counting room? _____
8. Describe access controls to the counting room? _____

9. Number of surveillance cameras on the gaming floor: _____ Cashier's Area: _____
 How long are videos kept? _____ Are they stored: On-Site Off-Site
10. Frequency of chips and tokens inventory: _____ Frequency of cash count: _____
11. How frequently are dealers logs verified and balanced? _____
12. Is a supervisor on duty and present during counting? Yes No
13. Are purses and packages prohibited from the Counting Room? Yes No
 Are pockets forbidden? Yes No
14. Describe procedures for bank deposits to include, transport and average size of deposit: _____

 Number of messengers: _____ Number of Guards: _____
15. Is credit extended? Yes No Describe credit procedures: _____

16. Are markers safeguarded? Yes No Describe: _____

Are original markers allowed off-premises? Yes No

17. Are employees required to take drug tests? Yes No

18. Please describe any other procedures you may have in place to control the theft, disappearance and destruction of moneys and securities: _____

AUTO/GARAGE - To be used in conjunction with the ACORD Application. (COVERAGE NOT REQUESTED)

1. What auto controls and/or procedures does the insured have in place to prevent losses from occurring? _____

2. Indicate driver assignments to specific vehicles. _____

3. Identify all vehicles garaged at home of employees. _____

4. Who is authorized to drive vehicles? _____

5. Identify all vehicles used to transport employees/guests. Advise as to frequency of use, maximum radius of operation and passenger capacity. _____

6. Is shuttle service contracted? Yes No

7. Is there a scheduled vehicle maintenance program in existence? Yes No

8. Indicate address of all guest or employee parking areas. Indicate if owned or leased. Include area map.

_____ Owned Leased
_____ Owned Leased
_____ Owned Leased
_____ Owned Leased

9. Identify those vehicles which fall under 638 Funds? _____

MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:

- Copy of your plot plan for all locations as well as a completed Unoccupied/Vacant Building Schedule.
- Copy of written procedures given to staff regarding the recognition/prevention of sexual abuse or molestation.
- Copies of any security contracts or security training manuals given to employees.
- Complete list of drivers, license #, date of birth and the states licensed (MVRs if applicable).
- Copy of vehicle schedule with usage attached.
- Copy of shuttle service contract and certificate of insurance, if applicable.
- Copy of compact agreement. (Tribal Gaming only)
- Copy of five years loss runs, including most current year.
- Most current financial statements.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)