

GAMING SUPPLEMENTAL QUESTIONNAIRE

Insured Name: _____

1. Provide description of gaming operation, # of gaming machines, tables etc. _____
2. Square Footage of Casino/Gaming Area: _____ Total Payroll for Casino/Gaming Operation: _____
Gross Sales Receipts for Casino/Gaming operation: \$ _____ Restaurants: \$ _____
3. Do all subcontractors and/or facility users carry liability limits at least equal to \$1,000,000? ☐ Yes ☐ No
Are Certificates of Insurance Obtained from All Sub-Contractors/Vendors naming our Insured as Additional Insured? ☐ Yes ☐ No
4. Total Number of Employees: _____
5. Hours of Casino Operation: _____
Is the security system monitored? ☐ Yes ☐ No If So, by whom: _____
What percentage of the area is monitored electronically? _____
8. What is the total number of security staff: _____ Number of security staff on duty each shift: _____
Number of security staff on duty that are armed: _____ Unarmed: _____
If armed, what firearm training is required? _____
Is security contracted? ☐ Yes ☐ No
Distance to nearest responding police station? _____
9. Are background checks run on all employees? ☐ Yes ☐ No If yes, to what extent? _____
Are references required and checked? ☐ Yes ☐ No
10. Liquor Sold? ☐ Yes ☐ No Liquor Operations Owned or Subcontracted? _____
Name of License Holder: _____ Liquor License Number: _____
Do all servers receive alcohol awareness training? ☐ Yes ☐ No If yes, describe training: _____
Are patrons allowed to carry alcoholic beverages onto the premises? ☐ Yes ☐ No
Do you stop serving at least one hour prior to closing? ☐ Yes ☐ No
Have you ever been fined or had your license revoked or suspended? ☐ Yes ☐ No If yes, describe: _____
Have there been any alcohol related claims in the last five years? ☐ Yes ☐ No If yes, describe: _____

	Alcohol	Food
Sales Breakdown:	\$ _____	\$ _____

AUTO/GARAGE

Parking Inside Building/Uncovered Lot: _____ Number of Spaces? _____
Is there an attendant?: _____
Is Parking area owned or leased?: _____ Is Parking area monitored and well lit? _____
Valet exposure present? _____ Is valet run by employees of Named Insured? _____
Employees Over 21 Years old? _____ MVR's checked at hire? _____
Valet parked cars located in separate, secured area? _____ Key Controls? _____
Any vehicles used to transport employees/guests. Advise as to frequency of use, maximum radius of operation and passenger capacity. _____

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 Name (print) _____

Applicant's Signature _____

Date _____