K&K INSURANCE
Insuring the world's fun!

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GAMING INSURANCE QUESTIONNAIRE

GENERAL INFORMATION

1. Name of Insured (Applicant): _____
2. Location/Address (if different from ACORD): _____
3. What is the insured's FEIN number?_____
4. What is the insured's website address? _____
5. Number of years in business?_____
6. Does the insured conduct any other operations under this name? ❑ Yes ❑ No
   If yes, please explain: _____
7. Kind of operation: ❑ Casino ❑ Off-track Betting Parlor ❑ Card Club ❑ Bingo Hall
   ❑ Other: _____
8. Does any named insured not share 51% common ownership with the first named insured? ❑ Yes ❑ No
9. Is the proposed insured a subsidiary of another company? ❑ Yes ❑ No
   If yes, name of parent company:_____

UNDERWRITING INFORMATION

1. Annual Hotel Receipts:_____ Annual Payroll of Gaming Operations: _____
   Annual Attendance - Bingo Hall only:_____ Gift Shop:_____ Parking:_____
2. Date gaming facility was constructed:_____
   Construction: ❑ Joisted Masonry ❑ Frame ❑ Fire Resistive ❑ Non-Combustible ❑ Mixed
   ❑ Other Describe: _____
   Date of any major reconstruction:_____
   Does gaming facility contain a theatre or live show area? ❑ Yes ❑ No
   Does the building have sprinklers? ❑ Yes ❑ No
3. Does the insured have central station alarms? ❑ Yes ❑ No
   If yes, distance to the nearest fire station?_____
4. Is a log kept of inspections completed and maintenance ❑ Yes ❑ No
5. Are tables and chairs in good condition and subject to regular inspection and repair? ❑ Yes ❑ No
6. Medical Services
   Do you have employees trained in First Aid? ❑ Yes ❑ No
7. Patron Services
   Are curbs, steps and ledges highlighted? ❑ Yes ❑ No
   Are stairways and emergency exit routes equipped with emergency lighting? ❑ Yes ❑ No

8. **Hotel**

Is there a hotel on the premises? ❑ Yes ❑ No

How many stories?_____ How many rooms?_____

Hotel Amenities

Do you have a pool? ❑ Yes ❑ No If yes, number:_____

Diving Board? ❑ Yes ❑ No If yes, number:_____

Slide? ❑ Yes ❑ No If yes, how many feet high:_____

Are depth marks clearly shown? ❑ Yes ❑ No

Are warning signs and rules posted and clearly visible? ❑ Yes ❑ No

Is the pool completely surrounded by building walls or fence? ❑ Yes ❑ No

Is pool only accessible by hotel guests only? ❑ Yes ❑ No

Are gates or doors opening into the pool equipped with self-closing and self latching device? ❑ Yes ❑ No

Do you have a spa? ❑ Yes ❑ No

Operated by insured? ❑ Yes ❑ No

Contracted? ❑ Yes ❑ No

Do you have a Fitness Room? ❑ Yes ❑ No

Available to guests only? ❑ Yes ❑ No

9. **Entertainment**

Do you have a concert venue? ❑ Yes ❑ No

Capacity?_____

Do you have security procedures (bag checks, metal detectors, wanding)? ❑ Yes ❑ No

Are all aisles & stairways equipped with adequate egress lighting when overhead lighting is dimmed during performances? ❑ Yes ❑ No

Are certificates obtained from performers with additional insured status to the insured? ❑ Yes ❑ No

EMERGENCY RESPONSE PLAN

1. Do you have an Emergency Response Plan? ❑ Yes ❑ No
2. How often is the plan updated?_____
3. What year was the plan last updated?_____
4. Do you review the plan with employees? ❑ Yes ❑ No
5. What frequency is the plan reviewed with employees?_____
6. Do you have an active assailant / shooter plan? ❑ Yes ❑ No
7. Do you purchase an active assailant / active shooter insurance policy? ❑ Yes ❑ No

EMPLOYEE BENEFITS LIABILITY

Is Employee Benefits Liability coverage desired? ❑ Yes ❑ No

If yes, please complete the following section.

1. Number of employees:_____
2. Retroactive Date:_____
3. Has Employee Benefits Liability coverage been continuously in force since the Retroactive Date? ❑ Yes ❑ No

LIQUOR LIABILITY

Do your operations include the sale or distribution of alcoholic beverages? ☐ Yes ☐ No
If yes, please complete the following section.

1. Location(s) where alcohol will be served: _____
   _____
2. Type of Beverage sold: ☐ Beer/Wine ☐ Mixed Drinks ☐ Hard Liquor
3. Receipts (complete all that apply):
   Alcohol receipts: $_____ Comped alcohol value: $_____ Food Receipts: $_____
   Comped food value: $_____
4. Will alcohol be served: ☐ Directly by the insured's employees/volunteers?
   ☐ Through a concessionaire/subcontractor/vendor?
   If through a concessionaire/subcontractor/vendor, does this entity provide a certificate of insurance naming you as an additional insured including liquor liability? ☐ Yes ☐ No
   If alcohol is served directly by the insured's employees/volunteers, please list:
   Name on liquor license:_____
   License #:_____ Class of License:_____
5. Do ALL servers receive alcohol awareness training? ☐ Yes ☐ No
   If yes, please indicate which training program is utilized (SAFE, TIPS, etc.):_____
6. Do you have a system for monitoring compliance with alcohol serving practices for all individuals who have responsibility for serving alcohol? ☐ Yes ☐ No
   If yes, please describe the system:_____
7. Do you have a system to ensure alcohol awareness training requirements are current for all individuals who have responsibility for serving alcohol? ☐ Yes ☐ No
8. Do you take disciplinary action up to and including termination for any individuals who violate your alcohol serving policies? ☐ Yes ☐ No
   If yes, please describe:_____
9. Explain process for checking ID's:
   (e.g.: everyone is checked, only those appearing to be 30 or younger, etc.)
   _____
10. Has applicant's liquor license ever been revoked or suspended during the last five years? ☐ Yes ☐ No
    If yes, please explain:_____
11. Has the applicant incurred claims for liquor liability during the last five years? ☐ Yes ☐ No
    If yes, please explain:_____
12. Has the applicant ever been fined by an alcoholic beverage control or other governmental entity during the past five years? ☐ Yes ☐ No
    If yes, please explain:_____
13. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? ☐ Yes ☐ No
    If yes, please describe:
14. Is there any type of designated driver program in place? ☐ Yes ☐ No

RESTAURANT/FOOD SERVICE OPERATIONS

1. Are cooking installations in compliance with NFPA 96? ☐ Yes ☐ No
2. Are all cooking surfaces protected by automatic fire extinguishing systems? ☐ Yes ☐ No
3. Are automatic fire extinguishing systems serviced by outside contractor? ☐ Yes ☐ No
   If yes, frequency of service:_____ Date last serviced:_____
4. Are hoods/duct work cleaned by outside service contractor? ☐ Yes ☐ No
   If yes, frequency of service:_____ Date last serviced:_____

SECURITY

1. Are security personnel employees of your company? ☐ Yes ☐ No
   If no, what is the relationship? ☐ Independent Contractors ☐ Off-duty police officers
   Other, describe: _____
2. How do you screen candidates (check all that apply)?
   ☐ Criminal Background Check ☐ Reference Check ☐ Interview
   Other: _____
3. Do you require initial training be completed prior to employment? ☐ Yes ☐ No
4. Do you provide a personal copy of your training/safety manual? ☐ Yes ☐ No
5. Do you require an annual refresher or continuing education training? ☐ Yes ☐ No
6. Do any security guards/officers carry firearms as part of their equipment while on duty? ☐ Yes ☐ No
   If yes, answer the following:
   Do you issue the firearms or allow people to use their own (check all that apply)?
   ☐ We issue them. ☐ People can use their own.
   If people can use their own, do you inspect/approve the firearm? ☐ N/A ☐ Yes ☐ No
   Do you verify the appropriate firearms licenses are maintained by the individual? ☐ Yes ☐ No
7. Is the venue monitored by security on a 24-hour basis? ☐ Yes ☐ No
   If no, please explain:
8. Are patrons screened upon entry? ☐ Yes ☐ No
   If yes, how? ☐ Bag Checks ☐ Wanding ☐ Metal Detector ☐ ID's
   Other: _____
9. Is patron screening done for all events? ☐ Yes ☐ No
   If no, please explain:
10. Are security cameras on site? ☐ Yes ☐ No
    If yes, what areas are covered (interior; parking lots; parking structures; etc.)?
    _____
    If yes, what is the data retention time period?
    _____
11. Are dogs used in your security operation? ☐ Yes ☐ No
    If yes, are the dogs and handlers certified? ☐ Yes ☐ No
    If no, please explain: _____

Valet Parking

1. Is valet parking provided? ☐ Yes ☐ No
2. Is the valet service operated by the insured or subcontracted? ☐ Yes ☐ No
   If subcontracted:
   Provide a copy of the agreement
   Are they required to carry insurance and list insured as additional insured? ☐ Yes ☐ No

If operated by insured:

Is there a formal training program including vehicle handling? ☐ Yes ☐ No
Are MVR's checked? ☐ Yes ☐ No
Are background checks conducted? ☐ Yes ☐ No
Are keys tagged and tracked with a security system? ☐ Yes ☐ No
Where are keys stored?

3. Shuttle Services provided? ☐ Yes ☐ No
   If yes, please complete the public transportation application

PLEASE PROVIDE THE FOLLOWING WITH THIS QUESTIONNAIRE:

- Five years of company loss runs with description of any individual claim or reserve in excess of $10,000
- Current audited financials
- Description of named insureds
- Subcontractor agreements
  - Copies of certificates of insurance
- Schedule of special events/activities
- Copy of the Emergency Response Plan
- Lease agreement (if applicable)

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).

_____	_____	_____
Date	Signature of Insured	Title

Send completed form along with referenced ACORD application(s) to:

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MANDATORY SIGNATURE SUPPLEMENT

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name:_____

I understand that K&K Insurance Group, Inc., for 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 other, 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 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.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE (if applicable)
PRINT NAME	PRINT NAME
DATE (MM/DD/YY)	DATE (MM/DD/YY)