

**Casino Supplemental**  
(Complete in addition to Acord Application)

1. Agency Code: \_\_\_\_\_ Agency: \_\_\_\_\_  
 2. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web site: \_\_\_\_\_  
 3. Producer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 4. Assistant \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Application courtesy of <http://www.insurance-applications.com>

**General Information:**

5. Business Name (dba): \_\_\_\_\_  
 6. Physical Address: \_\_\_\_\_  
 6. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 7. Email Address: \_\_\_\_\_ Web site: \_\_\_\_\_

**Business Information:**

8. Please briefly describe operations: \_\_\_\_\_

9. Please indicate premises activities (check all that apply):

- Pull Tabs     Keno     Video Gaming     Slot Machines  
 Craps     Roulette     Other table games (Pai Gao, 3 card poker, etc.)     Standard Poker Tables  
 Bingo     Pachinko     Wheel of Fortune     Blackjack/21     Karaoke     Live Music  
 Restaurant     Espresso/Coffee Stand     Gift Shop     Hotel/Motel     Health club/Exercise Facility  
 Hotel/Motel     Valet Parking     Swimming Pool     Tour Arrangements     Dance Floor

10. Please provide current gross annual revenues as follows:

- a. Hotel Operations:    \$ \_\_\_\_\_    Number of building stories? \_\_\_\_\_    Number of Rooms: \_\_\_\_\_  
 b. Bingo Games:    \$ \_\_\_\_\_    Square footage of Bingo Area: \_\_\_\_\_    Total Capacity: \_\_\_\_\_  
 c. Casino Games:    \$ \_\_\_\_\_    Square footage of Gaming Area: \_\_\_\_\_    Total Capacity: \_\_\_\_\_  
 d. Food Sales:    \$ \_\_\_\_\_    Hours of Service: \_\_\_\_\_  
 e. Liquor Sales    \$ \_\_\_\_\_    Hours of Service: \_\_\_\_\_  
 f. Admissions:    \$ \_\_\_\_\_    Area of Theater/Hall, if applicable: \_\_\_\_\_  
 g. Parking/Valet:    \$ \_\_\_\_\_    Area & Vehicle Capacity of Owned Parking Facility: \_\_\_\_\_  
 h. Concession/Gift Shop: \$ \_\_\_\_\_

**Management / Employment Practices:**

11. Total number of employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Annual Payroll: \$ \_\_\_\_\_

12. Describe any formal employee training/educational requirements: \_\_\_\_\_

13. How long has facility been under current management? \_\_\_\_\_

14. Does applicant require that all Liquor servers have passed a formal training program such as TIPS or TAMS?     Yes     No

15. Are procedures in place for handling Disturbances or Intoxicated Persons?     Yes     No

16. Are First Aid Services available?     Yes     No    Please Describe: \_\_\_\_\_

17. Are any of the following operations sub-contracted:
- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| A. Security              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Concessions           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Health club           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Parking/Valet         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Food / Liquor Service | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Maintenance           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Other: _____          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Management / Employment Practices:**

18. If yes to any of the above, are sub-contractors always required to:

- A. Sign a standard contract?  Yes  No If yes, please attach a copy
- B. Carry Commercial General Liability Coverage?  Yes  No What minimum limit: \$\_\_\_\_\_
- C. Carry Workers Compensation Coverage?  Yes  No
- D. Sign a hold harmless or indemnification agreement?  Yes  No

Application courtesy of <http://www.insurance-applications.com>

**Premises Safety:**

19. Is there an emergency evacuation plan?  Yes  No If yes, please describe, or attach a copy:

20. Are Fire Drills conducted?  Yes  No How many times per year: \_\_\_\_\_

21. Are there 2 means of egress from each floor?  Yes  No

22. Is there emergency lighting at all exits?  Yes  No

23. Is there a fire detection system protecting all parts of the building?  Yes  No Type: \_\_\_\_\_

If yes, does the system have central station reporting?  Yes  No

24. Please describe security: \_\_\_\_\_

25. Is security armed?  Yes  No

26. Are cooking areas protected by an Ansul type fire extinguishing system?  Yes  No Service Frequency? \_\_\_\_\_

27. Type of neighborhood:  Commercial  Residential

**READ AND SIGN BELOW:**

*I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title