

**GAMING INSURANCE QUESTIONNAIRE**

* **NOTE: This questionnaire is to be submitted along with the following completed and signed forms:**
  + **ACORD Applicant Information Section 125**
  + **ACORD Commercial General Liability Section 126**
  + **ACORD Applications for other requested coverages: Property, Garage, Crime, Inland Marine, Transportation, Excess Liability, Employment Related Practices**

**GENERAL INFORMATION**

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| 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: | | | | |

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| **UNDERWRITING INFORMATION** | |
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| 1. Kind of operation:  Casino  Off Track Betting Parlor  Card Club  Bingo Hall  Other | |
| 2. Does any named insured not share 51% common ownership with the first named insured?  Yes  No | |
| 3. Is the proposed insured a subsidiary of another company?  Yes  No | |
| If yes, name of parent company: | |
| 4. Annual Liquor Receipts Annual Payroll of Gaming Operations No. of Employees | |
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| 5. 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 | |
| 6. Does the insured have central station alarms?  Yes  No  If yes, distance to the nearest fire station? | |
| 7. Does the insured have contracted employees?  Yes  No  If yes, who provides WC? | |
| 8. Does sovereign immunity apply?  Yes  No | |
| 9. Is a log kept of inspections completed and maintenance performed throughout the facility?  Yes  No | |
| 10. Are tables and chairs in good condition and subject to regular inspection and repair?  Yes  No | |
| 11. Number of years current management has operated this gaming facility: | |
| 12. **Medical Services** | |
| Do you have employees trained in First Aid?  Yes  No | |
| 13. **Patron Services** | |
| Are curbs, steps and ledges highlighted?  Yes  No | |
| Are stairways and emergency exit routes equipped with emergency lighting?  Yes  No | |
| 15. Hotel | |
| Is there a hotel on the premises?  Yes  No | |
| **If yes, please complete HOTEL SUPPLEMENT form.** | |
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| **AUTO EXPOSURE** | | | |
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| Complete the following chart: | | | |
|  | We do this and are seeking coverage. | We do this and have coverage elsewhere. | We do not do this. |
| Own/lease/borrow/rent vehicles for company business. |  |  |  |
| Hire transportation services for company business. |  |  |  |
| Allow employees/volunteers to drive their personal vehicles on company business. |  |  |  |
| Provide valet or VIP parking services. |  |  |  |
| Provide or hire shuttle services. |  |  |  |
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| If you are seeking coverage for any of the above, we may require a completed Auto Exposure Supplemental Questionnaire. | | | |
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| **CONSTRUCTION/RENOVATION** |
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| 1. Do you expect any construction, renovation, additions, or repair work (other than regularly  scheduled maintenance) at your facility during the policy period?  Yes  No  If yes:  Who will perform the work?  Employees  Contractor  Please describe the work or project: |
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| **EMERGENCY RESPONSE PLAN** |
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| 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 shooter plan?  Yes  No |
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| **EMPLOYEE BENEFITS LIABILITY**  Is Employee Benefits Liability coverage desired?  Yes  No  ***If yes, please complete the following section.*** |
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| 1. Number of employees: |
| 2. Retroactive Date: |
| 3. Has Employee Benefits Liability coverage been continuously in force since the Retroactive Date?  Yes  No |
| 4. On optional enrollment items, is a signed acceptance/rejection page collected?  Yes  No  If yes, is the signed acceptance or rejection retained in the employee’s personnel file?  Yes  No |
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| **FIREWORKS/PYROTECHNICS** |
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| 1. Are pyrotechnics or fireworks displayed at any of your operations/events?  Yes  No  If yes, is excess pyrotechnics/fireworks coverage desired?  Yes  No  **If coverage is desired, please complete the Pyrotechnics Supplemental Questionnaire.** |
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| **LIQUOR LIABILITY**  Do your operations include the sale or distribution of alcoholic beverages?  Yes  No  **If yes, please complete the following section.** |
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| 1. Location(s) where alcohol will be served:  Hours of Operation: |
| 2. When is alcohol served?  Year-round  Event specific  If event specific, is alcohol service stopped at least ½ hour prior to the end of the event?  Yes  No |
| 3. Type of Beverage sold:  Beer/Wine  Mixed Drinks  Hard Liquor |
| 4. Receipts (complete all that apply):  Applicant’s gross sales from alcohol:  If sold by a concessionaire/subcontractor/vendor, how much compensation does applicant receive?  Value of compensated/free alcohol (including “free” beverage tickets): |
| 5. 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:  Name on liquor license:  License #:  Class of License: |
| 6. Do ALL servers receive alcohol awareness training?  Yes  No  Please indicate which training program is utilized (SAFE, TIPS, etc.). |
| 7. Management Practices:  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.  Do you have a system to ensure alcohol awareness training requirements are current for  all individuals who have responsibility for serving alcohol?  Yes  No  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. |
| 8. Explain process for checking ID’s (e.g. everyone is checked, only those appearing to be 30 or younger, etc.). |
| 9. Has applicant’s liquor license ever been revoked or suspended?  Yes  No  If yes, please explain: |
| 10. Has the applicant incurred claims for liquor liability during the last five years?  Yes  No  If yes, please explain: |
| 11. Has any insurer cancelled or non-renewed coverage 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?  Yes  No  If yes, please explain: |
| 13. Is bring your own bottle (BYOB) allowed?  Yes  No |
| 14. Is the alcohol service:  Contained within one fixed site  Booths/stands throughout the event site |
| 15. Is there a limit placed on the quantity of alcoholic beverages purchased at one time?  Yes  No  If yes, please describe: |
| 16. Do you maintain security personnel at the site of alcohol service?  Yes  No |
| 17. Do you exercise the right of search and seizure?  Yes  No |
| 18. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?  Yes  No |
| 19. Is there any type of designated driver program in place?  Yes  No |
| 20. Are rules/regulations clearly displayed?  Yes  No |
| 21. Is food service available to patrons consuming alcohol?  Yes  No |
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| 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: |
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| **SECURITY**  Are you responsible for security operations?  Yes  No  If yes, how are the security operations managed?  We manage them ourselves. \*  We subcontract the operations to a separate company. \*\*  If no, describe who is responsible for security:  \* If you manage security operations, complete this section in full.  \*\* If you subcontract the operations to a separate company, provide the contract and certificate naming you as Additional Insured. You do not need to complete the remainder of the section if you are not responsible for security operations or if you subcontract security operations to another company. |
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| ***SECURITY OPERATIONS*** |
| 1. Is the venue monitored by security on a 24-hour basis?  Yes  No  If no, please explain: |
| 2. Please describe security presence at the entrance and egress of the venue: |
| 3. Are patrons screened at venue entry?  Yes  No  If yes, how?  Bag Checks  Wanding  Metal Detector  ID’s  Other:  Is patron screening done for all events?  Yes  No  If no, please explain: |
| 4. What are the staffing guidelines per number of patrons? |
| 5. Are the staffing guidelines determined by:  Ordinance/Statute  Industry Standard |
| 6. Are security cameras on site?  Yes  No  If yes, what areas are covered (outer perimeter, concourse, field of play, back stretch, interior,  parking, etc.)?  If yes, what is the data retention time period? |
| 7. Are dogs used in your security operation?  Yes  No  If yes, are the dogs and handlers certified?  Yes  No  If no, please explain: |
| 8. Do you work with local law enforcement regarding security operations?  Yes  No  If yes, to what extent?  Tour Training  Table Top Training  Full Scale Training  None of these:  How often?  Monthly  Quarterly  Bi-annually  Annually  Other: |
| 9. Are vendors screened before loading or unloading into the building?  Yes  No |
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| ***SECURITY PERSONNEL*** |
| 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. Answer the following for all people who will provide security services:  How do you screen candidates (check all that apply)?  Criminal Background Check  Reference Check  Interview  Other:  Do you require initial training be completed prior to employment?  Yes  No  Do you provide a personal copy of your training/safety manual?  Yes  No  Do you require an annual refresher or continuing education training?  Yes  No |
| 3. 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 |

**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:

**American Specialty Insurance & Risk Services, Inc.**

**7609 W. Jefferson Boulevard, Suite 100**

**Fort Wayne, IN 46804**

**Phone: (800) 245-2744**

**E-mail:** [**apply@americanspecialty.com**](mailto:apply@americanspecialty.com)