



## Commercial Crime Policy Application For Casinos

Application is hereby made by \_\_\_\_\_

(Please attach a list of all Insureds, including Employee Benefit Plans)

Principal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Effective Period \_\_\_\_\_ to \_\_\_\_\_

### 1. Insuring Agreements

	Limit of Insurance Per Occurrence	Deductible Per Occurrence
1. Employee Dishonesty	\$	\$
2. Forgery or Alteration	\$	\$
3. Inside the Premises	\$	\$
4. Outside the Premises	\$	\$
5. Computer Hacking	\$	\$
6. Money Orders and Counterfeit Paper Cash	\$	\$
7. Loss of Clients' Property	\$	\$
8. Funds Transfer Fraud	\$	\$
9. Fraudulently Induced Transfer (Separate application required)	\$	\$
10. ERISA Fraud or Dishonesty	\$	\$
Coverage Amendments (Endorsements) _____		
Is Kidnap, Ransom, and Extortion Coverage Desired? (Separate application required)		Yes <input type="checkbox"/> No <input type="checkbox"/>

### 2. Financial Status (per latest FYE)

Total % Change from prior year

a. Annual Gross Assets		
b. Annual Gross Sales		
c. Net Income		
d. Net Worth		

Please submit the following information in support of this application: Latest Annual Fiscal Year End Audited Financials, CPA Letter to Management and Management Response

### 3. Loss History

Enter all claims or occurrences that may give rise to claims for the prior 5 years:

Check here if none ☐

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Claim Status (Open or Closed)

Comments/Corrective Action Taken

**4. Prior Insurance**

Yes No

a. Has any similar insurance been declined or canceled during the past three years? ☐ Yes ☐ No

b. If yes, please explain:

c. Prior insurance to be superseded:

Check here if none ☐

Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Company

**5. Description of Organization**

a. Legal Entity

☐ Proprietorship
☐ Partnership
☐ Corporation
☐ Other \_\_\_\_\_

b. Date of Establishment \_\_\_\_\_

c. Has there been any change in ownership or management within the past three years?

Yes No  
☐ ☐

d. If yes, please explain:

e. Please provide a breakdown of the total number and types of table games (*i.e. blackjack, craps*) and the total number of slot machines:

f. Do you provide online gaming?

☐ Yes ☐ No

If yes, what are the annual gross sales of the online gaming operations \$ \_\_\_\_\_

Additional information may be required

**6. Casino Controls**

Yes No

a. State hours of operation \_\_\_\_\_

b. Do you employ security guards?

☐ Yes ☐ No

1. How many are on duty each shift? \_\_\_\_\_

☐ Yes ☐ No

2. Do they carry weapons?

c. Is the Casino wired to the local police station?

☐ Yes ☐ No

1. If no, what is it wired to? \_\_\_\_\_

2. What is the distance to the nearest police station? \_\_\_\_\_

d. What are the average and maximum cash exposures? Average \_\_\_\_\_ Maximum \_\_\_\_\_

e. Do the cashiers have hold up alarms?

☐ Yes ☐ Nof. What type of barriers exist between the cashiers' cage and the patrons? (*i.e. steel bars*) \_\_\_\_\_

6. Casino Controls *Continued*

Yes No

g.	Specify safe(s) and/ or vault(s). _____		
h.	Describe procedures used to open safe(s) or vault(s). _____		
i.	If a vault is used, is there an alarm in the vault?	<input type="checkbox"/>	<input type="checkbox"/>
j.	Are surveillance cameras utilized on the: casino floor?	<input type="checkbox"/>	<input type="checkbox"/>
	1. Cashiers area?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Counting room?	<input type="checkbox"/>	<input type="checkbox"/>
k.	Are pocketbooks and packages prohibited from the counting room?	<input type="checkbox"/>	<input type="checkbox"/>
l.	Please describe if any special clothing is required? (e.g. no pockets, etc) _____		
m.	Is an armored car service used for all deliveries of valuables (currency, securities, coins, chips, tokens, etc.) to and from the casino?	<input type="checkbox"/>	<input type="checkbox"/>
	1. <b>If yes</b> , which armored car service. _____		
	2. <b>If no</b> , please explain procedures. _____		
n.	How often are deposits made? _____		
o.	What is the average deposit size? _____		
p.	Do you vary the time of your deposits?	<input type="checkbox"/>	<input type="checkbox"/>
q.	Are the following included in your pre-employment screening?		
	<input type="checkbox"/> Drug <input type="checkbox"/> Credit <input type="checkbox"/> Criminal <input type="checkbox"/> Background		
r.	Are employees allowed to gamble on site while working?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If yes</b> , please explain: _____		
s.	Do you extend casino credit?	<input type="checkbox"/>	<input type="checkbox"/>
t.	Who can authorize credit in excess of \$25,000? _____		
u.	Do you host special events/tournaments?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If yes</b> , are the funds/non-valued chips used for these special events reconciled in the same manner as the standard casino operations? Please explain: _____		
v.	Do you safeguard your "markers"?	<input type="checkbox"/>	<input type="checkbox"/>
w.	Are original "markers" allowed off the premises?	<input type="checkbox"/>	<input type="checkbox"/>
x.	Are slot machines alarmed to guard against manipulation?	<input type="checkbox"/>	<input type="checkbox"/>
y.	Are slot machine variances resolved on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
z.	Are cards and dice changed at the end of each shift <input type="checkbox"/> or are they changed daily? <input type="checkbox"/>		
aa.	Is the use of skill players permitted?	<input type="checkbox"/>	<input type="checkbox"/>
bb.	Are computer passwords modified to keep up with changes in personnel?	<input type="checkbox"/>	<input type="checkbox"/>

**7. Licensing****Yes No**

Are you in compliance with the Nevada Gaming Control Board's Internal Control standards for Group I and II non- restricted licenses? **If yes, you DO NOT have to complete the following questions.**

☐ ☐

a. How often is cash accounted for? \_\_\_\_\_

b. Is each gaming table checked for an accurate count of money at the end of each shift?

☐ ☐

c. How many individuals must verify the gaming table inventory for "fill" chips? \_\_\_\_\_

d. Is cash counted and recorded at the end of each shift?

☐ ☐

e. How many people have access to the counting room? \_\_\_\_\_

f. Is there a supervisor on duty at all times?

☐ ☐**8. Audit Procedures****Yes No**

a. Are your annual financial statements audited by a public accountant?

☐ ☐

b. Is the public accountant's opinion unqualified?

☐ ☐

c. Does it include all interests and locations on an annual basis?

☐ ☐

d. Have all recommendations made by the accountant been adopted?

☐ ☐

e. Are all reports sent directly to the Owner, Partners or Directors?

☐ ☐

f. Is there a full time professional staff auditor?

☐ ☐

g. Does the staff auditor conduct an audit annually ☐ or on a surprise basis ☐

h. Is there a formal audit program?

☐ ☐

i. Does the auditor originate entries?

☐ ☐

j. If weaknesses are discovered, does the auditor report in writing to the First Named Insured?

☐ ☐

k. Do you audit your Wire Transfer procedures?

☐ ☐

l. Are foreign locations audited at least annually?

☐ ☐

m. Are foreign locations audited by a U.S. ☐ or foreign auditor ☐

**9. Internal Controls****Yes No****Bank Accounts**

a. Are bank accounts reconciled monthly?

☐ ☐

b. Are bank accounts reconciled by someone not authorized to deposit, withdraw, or write checks?

☐ ☐**Checks & Securities**

c. Is countersignature of all checks required?

☐ ☐

If no, above what amount? \_\_\_\_\_

d. Do all vouchers or other supporting record accompany all checks to be signed?

☐ ☐

e. Are vouchers/supporting records stamped "PAID" when checks are signed?

☐ ☐

f. Do you maintain a list of approved vendors?

☐ ☐

g. Are your systems designed so that no single employee can control a transaction from beginning to end (e.g. approve a voucher, request and sign a check)?

☐ ☐

h. Are securities subject to the joint control of two or more employees?

☐ ☐

i. Do the above controls differ in foreign locations?

☐ ☐

**9. Internal Controls Continued****Yes No****Payroll**

- j. Is the payroll made up by persons other than those who distribute it to employees? ☐ ☐
- k. Are all persons who are authorized to hire and/or fire employees prohibited from distributing the payroll? ☐ ☐

**Shipping and Receiving**

- l. Are all persons engaged in purchase or sales activities prohibited from taking part in shipping & receiving activities? ☐ ☐
- m. Are all shipping and receiving activities reconciled to all applicable sale or purchase orders? ☐ ☐
- n. Does any employee have access to the purchasing system and also the accounts payable system? ☐ ☐
- o. Is all purchasing centralized out of your main office? ☐ ☐
- p. Do you have a system to detect payment to fictitious suppliers? ☐ ☐
- q. Are cash or credits on return purchases supervised by at least two persons? ☐ ☐

**10. Funds Transfer Procedures****Yes No**

- a. What departments conduct wire funds transfers? \_\_\_\_\_
- b. Do you maintain a fully documented procedure manual covering all wire transfer procedures? ☐ ☐
- c. Are all payment instructions executed under a sequential numbering system? ☐ ☐
- d. Is there an internal audit department which includes E.D.P. auditing? ☐ ☐
- e. If there is no internal audit department, please advise how this function is fulfilled: \_\_\_\_\_
- f. If you utilize consultants, do you change passwords when they finish their work? ☐ ☐
- g. What is the total annual volume of funds transferred? \_\_\_\_\_
- h. What is the largest amount one person can transfer? \_\_\_\_\_
- i. What is the average size of transfers? \_\_\_\_\_
- j. Are all funds transfer functions handled by banks and/or financial institutions? ☐ ☐
- k. Do you have facilities to transfer funds yourself without involving third parties? ☐ ☐
- l. Are all telephone transfer instructions given to banks confirmed in writing within 24 hours? ☐ ☐
- m. Is there segregation of duties so that no one employee can initiate and complete transactions without approval by others? ☐ ☐
- n. Do you change passwords when employees leave? ☐ ☐
- o. Describe controls in place to prevent unauthorized use of computers by employees or others?  
(i.e. are computer rooms locked, maintenance ports protected, etc) \_\_\_\_\_
- p. What is the total number of employees who have the authority to make transfers? \_\_\_\_\_
- q. Do you utilize port security that detects unusual activity? ☐ ☐
- r. How do you detect whether an employee has exceeded their authority? \_\_\_\_\_

**11. Vendor Information****Yes No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. Are background checks performed on vendors in order to determine ownership and financial capability prior to doing business with them?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is an authorized vendor list utilized and updated for all annual purchases, with competitive bidding required over stated amounts?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are requisitions and purchase orders issued only after the approval of specified personnel within specified limits?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is each cash disbursement based on a recognized liability, accurately prepared, and appropriately authorized, including comparisons to authorized vendor lists and receiving reports? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are perpetual inventories maintained of materials and supplies and periodically verified by physical count?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are vendors provided with a statement of your conflict of interest and gift policy ( <i>prohibiting gifts of any significant value</i> )?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do the same controls apply to locations outside of the United States?   | <input type="checkbox"/> | <input type="checkbox"/> |

**12. Property**

Please provide a description of property, merchandise, stock, etc. to be covered. Please also state the maximum value.

**13. Internet Security****Yes No**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Do you buy or sell goods via the Internet?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you have a Firewall?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you have an Intrusion Detection System that identifies unauthorized access?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you have documented Internet guidelines for employees? _____                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do you have documented emergency procedures?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Has your computer system ever been invaded by a Hacker or Virus?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes to question (f), when and what controls have been implemented to prevent further incidences? |                          |                          |

**14. Precious Metals****Yes No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. Do you handle, store or use for manufacturing, valuable or precious and/or non-precious metals? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Any type of mining?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please complete our Valuable Metals Questionnaire ( <i>available upon request</i> ).       |                          |                          |

**15. ERISA Fraud or Dishonesty****Yes No**

- | 1. List Exact Names of All Plans to be covered and Asset Values (\$):             |                          |                          |
|---|--------------------------|--------------------------|
| Name of Plan  | Plan assets              | Limit requested          |
|   |                          |                          |
|   |                          |                          |
|   |                          |                          |
| 2. Are the assets of the Plan(s) audited at least annually by an independent CPA? |                          |                          |
|   | <input type="checkbox"/> | <input type="checkbox"/> |

**15. ERISA Fraud or Dishonesty Continued**

Yes No

3. Are the assets of the Plan(s) administered by an independent third party?

☐ ☐

3a. Name and address of administrator

4. Are any of the Plan assets non-qualified?

☐ ☐

(Note: Non-qualified assets are assets held in limited partnerships, artwork, collectibles, mortgages, real estate or securities of "closely held" companies and are held outside of regulated institutions such as a bank; an insurance company; a registered broker-dealer or other organization authorized to act as trustee for individual retirement accounts under Internal Revenue Code 408).

If yes, separate application is required.

\_\_\_\_\_ %

**16. Classification of Employees and Locations**

	U.S.	Canada	Foreign	Grandtotal
Number of Employees				
Number of Locations				

**Fraud Statements**

**Applicable in AL, AR, LA, NM, RI, and WV:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

**Applicable in CO, ME, TN, VA, WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in CA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in DC: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in FL:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicable in KY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Applicable in MD:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in NY:** 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.

**Fraud Statements *Continued***

**Applicable in OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in OK: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in OR:** This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

**Applicable in PA:** 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 subjects such person to criminal and civil penalties.

**Applicable in other states:** Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

**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 APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Producer Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_