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 __________ Province__________ Postal Code ________

Policy Effective Period ______________________ to ______________________

1. Insuring Agreements

		Limit of Insurance	Deductible
1.	Employee Dishonesty	$	$
2.	Forgery or Alteration	$	$
3.	Inside the Premises	$	$
4.	Outside the Premises	$	$
5.	Computer Fraud	$	$
6.	Money Orders and Counterfeit Paper Currency	$	$
7.	Loss of Clients' Property	$	$
8.	Funds Transfer Fraud	$	$

a. Coverage Amendments *(Endorsements)*

	Yes	No
b. Is Kidnap, Ransom, and Extortion Coverage Desired?	☐	☐

2. 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

3. Prior Insurance

		Yes	No
a.	Has any similar insurance been declined or canceled during the past three years?	☐	☐
b.	**If yes,** please explain:		

3. Prior Insurance *Continued*

c. Prior insurance to be superseded: ☐ **Check here if none**

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

4. Description of Organization

a. Legal Entity

☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other________________________________

b. Date of Establishment ________________________ **Yes** **No**

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

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? ☐ ☐

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

Additional information may be required

5. Employees and Locations

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

6. Casino Controls

Yes **No**

a. State hours of operation ________________________

b. Do you employ security guards? ☐ ☐

1. How many are on duty each shift? ____________
2. Do they carry weapons? ☐ ☐

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

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? ☐ ☐

f. What type of barriers exist between the cashiers' cage and the patrons? *(i.e. steel bars)* ________________________

g. Specify safe(s) and/ or vault(s) __________________________

6. Casino Controls *Continued*

	Yes	No
h. Describe procedures used to open safe(s) or vault(s).		
i. If a vault is used, is there an alarm in the vault?	☐	☐
j Are surveillance cameras utilized on the: casino floor?	☐	☐
1. Cashiers area?	☐	☐
2. Counting room?	☐	☐
k. Are pocketbooks and packages prohibited from the counting room?	☐	☐
l. Please describe if any special clothing is required? *(e.g. no pockets, etc)* ______		
m. Is an armoured car service used for all deliveries of valuables *(currency, securities, coins, chips, tokens, etc.)* to and from the casino?	☐	☐
1. **If yes**, which armoured car service.		
2. **If no**, 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?	☐	☐
q. Are the following included in your pre-employment screening? ☐ Drug ☐ Credit ☐ Criminal ☐ Background		
r. Are employees allowed to gamble on site while working?	☐	☐
If yes, please explain:		
s. Do you extend casino credit?	☐	☐
t. Who can authorize credit in excess of $25,000? ______		
u. Do you host special events/ tournaments?	☐	☐
If yes, 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”?	☐	☐
w. Are original “markers” allowed off the premises?	☐	☐
x. Are slot machines alarmed to guard against manipulation?	☐	☐
y. Are slot machine variances resolved on a regular basis?	☐	☐
z. Are cards and dice changed at the end of each shift ☐ or are they changed daily? ☐		
aa. Is the use of shill players permitted?	☐	☐
bb. Are computer passwords modified to keep up with changes in personnel?	☐	☐

7. Licensing

	Yes	No
Are you in compliance with any provincial or regional gaming authorities/commissions? **If yes,** please list:	☐	☐
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 Canadian auditor ☐ 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 cheques?	☐	☐
(Cheques & Securities)		
c. Is countersignature of all cheques required? **If no**, above what amount? ____________	☐	☐
d. Do all vouchers or other supporting record accompany all cheques to be signed?	☐	☐
e. Are vouchers/supporting records stamped “PAID” when cheques are signed?	☐	☐
f. Do you maintain a list of approved vendors?	☐	☐

9. Internal Controls *Continued*

		Yes	No
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 cheque)*?	☐	☐
h.	Are securities subject to the joint control of two or more employees?	☐	☐
i.	Do the above controls differ in foreign locations?	☐	☐
(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. 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?	☐	☐
b.	Is an authorized vendor list utilized and updated for all annual purchases, with competitive bidding required over stated amounts?	☐	☐
c.	Are requisitions and purchase orders issued only after the approval of specified personnel within specified limits?	☐	☐
d.	Is each cash disbursement based on a recognized liability, accurately prepared, and appropriately authorized, including comparisons to authorized vendor lists and receiving reports?	☐	☐
e.	Are perpetual inventories maintained of materials and supplies and periodically verified by physical count?	☐	☐
f.	Are vendors provided with a statement of your conflict of interest and gift policy *(prohibiting gifts of any significant value)*?	☐	☐
g.	Do the same controls apply to locations outside of Canada?	☐	☐

11. Property

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

12. Internet Security

		Yes	No
a.	Do you buy or sell goods via the Internet?	☐	☐
b.	Do you have a Firewall?	☐	☐
c.	Do you have an Intrusion Detection System that identifies unauthorized access?	☐	☐
d.	Do you have documented Internet guidelines for employees?	☐	☐
e.	Do you have documented emergency procedures?	☐	☐
f.	Has your computer system ever been invaded by a Hacker or Virus?	☐	☐
	If yes to question (f), when and what controls have been implemented to prevent further incidences?		

13. Precious Metals

		Yes	No
a.	Do you handle, store or use for manufacturing, valuable or precious and/or non-precious metals?	☐	☐
b.	Any type of mining?	☐	☐
	If yes, please complete our Valuable Metals Questionnaire *(available upon request)*.		

NOTICE TO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

This document was issued or made by the Company in the course of its insurance business in Canada.

Applicant Signature ______________________ **Title** ______________________ **Date** __________

Producer Signature ______________________ **Title** ______________________ **Date** __________