



Crime Insurance Renewal Application For Gaming Entities

Name of Insured _____

Principal Address _____

City _____ Province _____ Postal Code _____

1. Since last Renewal, have you changed

Yes No

a. Legal Entity Status?	<input type="checkbox"/>	<input type="checkbox"/>
b. External and Internal Controls?	<input type="checkbox"/>	<input type="checkbox"/>
c. Exposures of Money and Securities or property by more than 10%?	<input type="checkbox"/>	<input type="checkbox"/>
d. Predominant business activity?	<input type="checkbox"/>	<input type="checkbox"/>

Note: Please enclose documentation supporting all affirmative answers.

2. Financial Status (per latest FYE)

Total

% Change from prior year

a. Annual Gross Assets		
b. Annual Gross Sales		
c. Net Profit		
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. Total Number of Locations

Non Retail

Retail

a. Canada/U.S.		
b. Foreign		

4. Total Number of Employees

Canada/U.S.

Foreign

% Change

a. Class 1 Employees (*)			
b. All Others			
c. Grand Total			

(*) Class one employees are all officers as well as other employees who handle, have custody or maintain records of money, Securities or other property.

5. Desired Coverage Changes

☐ Check if no changes

Desired Coverage Changes (Limits/Deductibles) Explain

6. Loss History

List all losses sustained during the past annual policy period, whether reimbursed or not.

☐ Check if No Losses

If loss has occurred, please provide the following information as part of your renewal submission:

Date of loss	Description of loss	Amount	Recovery	Corrective Measures
Please attach separate page if needed.				

7. Internal Controls

List all changes or revisions to audit or internal control procedures during the previous policy period.

☐ Check if No Changes

8. Gaming Information

Please provide a breakdown of the total number of the following:

Types of Table Games (i.e. blackjack, craps)	No. Table Games

Total number of Slot Machines _____

PLEASE SEE ATTACHED INSURANCE FRAUD WARNING STATEMENT

NOTICE TO APPLICANTS:

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.

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 _____