



## Crime Insurance Renewal Application For Gaming Entities

Name of Insured \_\_\_\_\_

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

### 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. U.S/Canada |  |  |
| b. Foreign    |  |  |

### 4. Total Number of Employees

U.S/Canada

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 _____  |                          |                          |
|  | Yes                      | No                       |
| Do you provide online gaming?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what are the annual gross sales of the online gaming operations \$ _____ |                          |                          |
| Additional information may be required   |                          |                          |

PLEASE SEE ATTACHED INSURANCE FRAUD WARNING STATEMENT

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.

Applicant Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Producer Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_