



Online Gaming Questionnaire

Application is hereby made by _____

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

Principal Address _____

City _____ Province _____ Postal Code _____

Website _____ Policy Effective Period _____ To _____

If necessary, please attach response on a separate page.

Gaming Questions

1. What is the total annual revenue for all operations?

What is the total annual revenue from online gaming?

2. How does the Insured prevent theft of funds by employees?

3. What controls are in place to protect funds from theft by non-employees?

4. Please provide a summary or flow chart of the custody of funds and where funds are transferred to.

5. How does the Insured ensure funds flows to the appropriate accounts?

6. Is an outside audit of the online gaming/wagering operations performed?

7. Where are customer funds held?

Are customer funds co-mingled?

Gaming Questions Continued

8. Are funds for payouts held in centralized accounts? Please provide details on how funds for payouts are held and protected from employee theft and third-party theft.

9. What controls are in place over promotional credits and is there a hierarchy of authority for the distribution of credits?

10. How is the establishment of customer accounts verified and how are subsequent changes to customer account information verified?

11. What protocols are in place to prevent and detect fraudulent customer accounts?

12. 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) |
|--------------------|---|---------------|-------------|-------------------------------|
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Comments/Corrective Action Taken

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 _____