



HUNTER KEILTY MUNTZ & BEATTY
International Insurance Brokers

BINGO FACILITY INSURANCE APPLICATION

- 1) Name of Applicant:
- 2) Mailing Address:
- 3) Location of Risk:
- 4) PH: _____ FAX: _____
- 5) Applicant is a: _____ Corporation _____ Individual _____ Partnership
- 6) Applicant is Building Owner _____ - Tenant _____
- 7) Does your organization engage in other business activities under the same named insured which will appear in the policy, other than Bingo Facility operator? _____ If Yes, please provide details:

- 8) Total Revenues: This Year _____ Next year _____
- 9) Revenue Split: Gaming _____ Food/ Beverage _____
Liquor _____ Other (provide details): _____
- 10) Number of Years in Business: _____
- 11) Loss History for the past 5 years:

- 12) Current Insurer: _____

- 13) Current Broker
- 14) Expiry Date: _____
- 15) Expiring Premium: _____
- 16) Has insurance ever been cancelled?: _____ Yes _____ No
- 17) If yes, please provide details. _____

PROPERTY

18) Address

19) Building Owned By: _____ Date of Construction: _____

20) Type of Building: _____ Height: _____

21) Walls (i.e. Brick) _____ Roof _____ Floor _____

Heat

22) Total Ground floor of Building _____ Area you occupy: _____

23) Sprinklered: Yes _____ No _____ Type of Fire Alarm: _____

24) Km to Fire Station

25) Hydrant Protected: Yes _____ No _____ Automatic Fire Extinguishing
Equipment (describe)

26) Has building been fully renovated: _____ Year Updated _____

Roof: _____ Wiring: _____ Breakers/fuses _____ Plumbing: _____

Heating:

27) Do the doors have dead bolt locks and are the windows fixed or equipped with locking devices? Yes _____ No _____

28) Does premises have burglar alarm system on all points of entry? Yes _____ No _____

29) Installing Company: _____ Type Central Station _____ Monitored
Local

30) ULC Cert. Number: _____ Expiry Date _____ Protection Level (1,2 or 3)

31) Mortgagees/ Loss Payees/ Lessors/ Additional Interests.

Name

Interest

Address

32) VALUES

Building- Current Replacement Value _____

Tenants/ Leasehold Improvements _____

Contents (Office Contents/ Equipment) at location _____

Inventory, including customers goods (if applicable) _____

Annual Value of Goods Shipped : Incoming:_____ Outgoing: _____

Office Contents/ Equipment that leave Office Location: _____

Computers (Hardware) at Office Location: _____

Software at Office Location: _____

Laptops that leave Office Location: _____

Business Interruption (Per location) : _____

(Total) _____

If total differs from Per Location _____

Please attach per location statement _____

of values. _____

Extra Expense: _____

Number of Exhibitions and Trade Shows Attended Annually _____

Average Duration: _____ Days Value of Booth, Samples etc.: _____

Glass (Building, Windows) _____

Professional Fees: _____

CRIME

Broad From Money & Securities: _____

Counterfeit Currency & Credit Card Forgery: _____

Employee Dishonesty/ Depositors Forgery: _____

Number of Class A Employees? _____ Are owners Excluded: _____

Safe Yes _____ No _____ If Yes, describe: _____

LIABILITY

33) # of Sessions per day _____ # of Sessions per year _____

Avr. # of attendees per day _____ Approx. # of attendees per year _____

34) Hall Capacity _____ Days/ hours of operation _____

35) Do you rent the facility at any time to third parties for operations other than Bingo activities? _____ If Yes, are certificates of insurance obtained from the third party? _____

36) Are parking lots well maintained and patrolled by security personnel? _____

37) Are contractors hired for snow removal? _____

38) Are armed security guards present during the hours of operation? _____

39) Are certificates of insurance obtained from sub-contractors (security/ snow removal etc.) you hire? _____

40) Do you have an incident reporting plan in effect? _____

41) Do you have emergency response procedures in place? _____ Are employees trained in first-aid? _____

42) Are 'wet floor' signs available to staff to alert patrons of wet surfaces? _____

43) Are any structural alterations planned for the upcoming year? _____ If yes please provide details _____

Are Certificates of Insurance obtained from hired sub-contractors? _____

44) Does your company host events where alcohol will be served? Yes _____ No _____

If Yes, who is responsible for serving the alcohol?

If the sale of alcohol is not the responsibility of the insured, are certificates of insurance obtained from the subcontracted company?

45) Are any Employees, including Owners and Partners exempt from Government Worker's Compensation Plans? Yes _____ No _____

46) If so, how many? _____

LIMITS REQUIRED

Primary General Liability Limit	_____ \$ _____
Tenant's Legal Liability Limit	_____
Umbrella/ Excess Liability Limit	_____
Products and Completed Operations Limit	_____
Personal Injury Limit	_____
Employee Benefits Liability	_____
Employers Liability – Office & Clerical only	_____

THIS APPLICATION/ SURVEY IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- (A) Applicant warrants and represents that the above answers and statements are all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (B) The signing and filing of this Application/ Survey does not bind the Applicant or the Company and no insurance shall be deemed effective unless and until a written binder or policy of Insurance is issued by the Company in response hereto.
- (C) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (D) Applicant understands that the deductible under any Policy to be issued in response hereto shall include both loss payment and claim expense as defined in the policy.
- (E) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Name of Applicant:

Application's Position:

Applicant's Signature: _____ Date: _____