



CASINO CRIME COVERAGE SUPPLEMENTAL APPLICATION

Applicant: _____
(Please list all Insureds)

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Effective Date: _____ **to** _____ **Prior Coverage:** YES NO

If yes, Carrier: _____ Limits: _____ Deductible: _____

Requested Limits: _____ Deductible: _____

1. Nature of Operations (check all that apply); Major Casino Major Casino with Hotel and/or Conference Center Native American Casino Small Market Casino Other (Describe) _____

2. Additional Operations (Check all that apply): Lodging Restaurant Bar/Lounge Entertainment (Describe): _____
_____ Function Rooms Gift Shop Retail Stores Other (Describe): _____
(Attach a Separate List if Necessary)

3. Hours of Operations: _____

4. Number of Gaming Machines? _____ Number of Slot Machines? _____

5. Please provide a breakdown of the total number and types of table games (i.e., Blackjack, Roulette, Craps)

6. Is the Casino wired to the local police station? YES NO If No, to what is it wired? _____
What is the distance to the nearest police station? _____

7. What kind of barriers exist between the cashiers' cage and the patrons? _____

8. Do the Cashiers' have hold up alarms? YES NO

9. Specify safes and vaults: _____ If a vault is used is there an alarm in the vault? YES NO
Describe procedures to open to safe(s) or vault(s) _____

10. Are surveillance cameras utilized on the Casino floor? YES NO Cashiers' Cage? YES NO Counting Room Entrance? YES NO Counting Room? YES NO If NO, please explain _____
(Attach a Separate List if Necessary)

11. Are packages and pocketbooks banned from the Counting Room? YES NO Is clothing with pockets banned from the counting room? YES NO

12. Do you employ Security Guards? YES NO How many are on duty for each shift? _____
Are Security Guards Armed? YES NO

CASINO CRIME COVERAGE
SUPPLEMENTAL APPLICATION

13. What is the average and maximum cash exposure? \$ _____ Average \$ _____ Maximum

14. How often are deposits made? \$ _____

What is the average deposit size? \$ _____ Do you vary the time of your deposits? YES NO

15. Is an Armored Car Service used for all deliveries of valuables (currency, securities, coins, chips, tokens, etc.)? YES NO If YES, which Armored Car Service, if NO, please explain procedures _____

16. Do you extend Casino credit? YES NO If YES, please provide credit procedures _____

Who can authorize credit in excess of \$25,000? _____

17. Do you safeguard Markers? YES NO Are original Markers allowed off the Casino premises? YES NO

18. Are slot machines alarmed to guard against manipulation? YES NO

19. Are slot machines variances resolved on a regular basis? YES NO

20. How frequently are cards and dice changed? _____

ARE YOU IN COMPLIANCE WITH THE NEVADA GAMING CONTROL BOARD'S INTERNAL CONTROL STANDARDS FOR GROUP I AND II NON-RESTRICTED LICENSES? YES NO IF YES, YOU DO NOT NEED TO COMPLETE THE FOLLOWING QUESTIONS

21. How often is cash accounted for? _____

22. Is each gaming table checked for an accurate account of money at the end of each shift? YES NO

23. How many individuals verify the gaming table inventory for fill chips? _____

24. Is the dealer's log verified and balanced at the end of each shift? YES NO

25. Is cash counted and recorded at the end of each shift? YES NO

26. How many people have access to the counting room? _____

27. Is there a supervisor on duty at all times? YES NO

The insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any bond or policy issued in reliance upon such information.

Dated at _____ this _____ day of _____ 20_____

(Print Insured Name)

BY: _____

(Signature)

(Name and Title of Person Signing)

(Name and Title of Person Signing)

ProSurance Group
2685 Marine Way, Suite 1408
Mountain View, CA 94043

crime@prosurancegroup.com