**DAM QUESTIONNAIRE**

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| Applicant’s Name:    Mailing Address:    Location Address: | Agency Name:  Agent No.:  Address:    E-mail:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture

Limited Liability Company  Other (Specify)

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Website Address:**

**E-mail Address:**       **Phone Number:**

**1. Limits of Liability requested:** $      Occurrence $      Aggregate

**2. Name of dam:**

**3. Class of dam:**

**4. Dimensions of dam:**

**Length:** Top       feet Bottom       feet

**Width:** Top       feet Bottom       feet

**Maximum Height:**       feet

**5. Age of dam:**       years

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| --- |
| **6. Construction:**  Earth-fill, earth embankment  Concrete or masonry  Other (describe): |

**7. Type of principal spillway:**  Drop inlet structure  Overflow spillway structure

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| **8. Emergency spillway:**  Earthen  Other (describe): |

**9. Water contained by dam:**  River or rain run-off fed  River or stream fed  Underground spring fed

Total surface acres of water contained by dam:

**10. Does dam require a permit?**  Yes  No

If yes, permit number:

**11. Frequency of qualified inspection:**  Annual  Other (how often):

**12. Last date inspected:**

\*ATTACH COPY OF MOST RECENT INSPECTION AND ADVISE STATUS OF ANY RECOMMENDATIONS.\*

**13. Is vehicular traffic allowed on or across dam?**  Yes  No

**14. Downstream Development:** Approximate width of affected flood plain       miles

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Downstream  Development** | **Miles Downstream from Dam** | | | | | | | | | **Loss of Life  Potential** | | |
| 0-¼ | ¼-½ | ½-¾ | ¾-1 | 1-1¼ | 1¼-1½ | 1½-1¾ | 1¾-2 | 2 or  more | None | 1-10 | Over 10 |
| Buildings—agricultural |  |  |  |  |  |  |  |  |  |  |  |  |
| Buildings—commercial |  |  |  |  |  |  |  |  |  |  |  |  |
| Buildings—industrial |  |  |  |  |  |  |  |  |  |  |  |  |
| Campgrounds |  |  |  |  |  |  |  |  |  |  |  |  |
| Dams—other |  |  |  |  |  |  |  |  |  |  |  |  |
| Homes—occupied |  |  |  |  |  |  |  |  |  |  |  |  |
| Homes—unoccupied |  |  |  |  |  |  |  |  |  |  |  |  |
| Hospitals |  |  |  |  |  |  |  |  |  |  |  |  |
| Parks—recreational |  |  |  |  |  |  |  |  |  |  |  |  |
| Railroads or railroad bridges |  |  |  |  |  |  |  |  |  |  |  |  |
| Roads or bridges |  |  |  |  |  |  |  |  |  |  |  |  |
| Schools |  |  |  |  |  |  |  |  |  |  |  |  |
| Utilities—overhead |  |  |  |  |  |  |  |  |  |  |  |  |
| Other—describe below |  |  |  |  |  |  |  |  |  |  |  |  |

Description of other:

**15. During the past three years, has any company canceled, declined or refused to issue similar   
insurance to the applicant?** (Not applicable in Missouri)  Yes  No

If yes, explain:

**16. Prior Carrier Information:**

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| --- | --- | --- | --- | --- | --- |
|  | **Year:** | **Year:** | **Year:** | **Year:** | **Year:** |
| **Carrier** |  |  |  |  |  |
| **Policy No.** |  |  |  |  |  |
| **Coverage** |  |  |  |  |  |
| **Total Premium** |  |  |  |  |  |

**17. Loss History—Five Year Period:**

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| --- | --- | --- | --- | --- |
| **Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.**  Check if no losses last five years. | | | | |
| **Date of Loss** | **Description of Loss** | **Amount Paid** | **Amount Reserved** | **Claim Status (Open or Closed)** |
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This questionnaire does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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|  | **IMPORTANT NOTICE** |  |
|  |  |
| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. | | |