

Houston P: (281) 759-4855 F: (281) 759-7245

Dam Questionnaire

Applicant's Name Agency Name
Aailing Address Agent
Address
ocation
E-Mail
Veb Site Address / Phone
ROPOSED EFFECTIVE DATE: From To 12:01 A.M., Standard Time at the address of the Ap cant
oplicant is: 🛛 Individual 🗍 Corporation 🔲 Partnership 🔲 Joint Venture
Limited Liability Company Other (Specify)
Name of dam:
Class of dam:
Length: Top feet Bottom feet
Width: Top feet Bottom feet
Average height:feet
Age of dam:years
Construction: 🗌 Earth-fill, earth embankment 🗌 Concrete or masonry 🗌 Other (describe):
Type of principal spillway: Drop inlet structure Overflow spillway structure
Emergency spillway: Earthen Other (describe):
Is vehicular traffic allowed on or across dam?
. Is body of water contained by dam: River or stream fed Underground spring fed
River or rain run-off fed
□ River or rain run-off fed . Does dam require a permit?□ Yes □ N
River or rain run-off fed Does dam require a permit? Yes IN If yes, permit number:
□ River or rain run-off fed . Does dam require a permit?□ Yes □ N

14. Downstream development: Approximate width of affected flood plain ______ miles

DOWNSTREAM DEVELOPMENT

	Miles Downstream from Dam						Loss of Life Potential					
	0–¼	1/4-1/2	¹ / ₂ — ³ / ₄	³∕₄–1	1–1¼	1¼–1½	11⁄2-13⁄4	1¾–2	2 or more	None	1–10	Over 10
Occupied homes												
Unoccupied homes												
Agricultural buildings												
Industrial buildings												
Commercial buildings												
Schools												
Hospitals												
Roads or bridges												
Railroads or railroad bridges												
Other dams												
Overhead utilities												
Campgrounds												
Recreational parks												
Other-describe below												

Description of other:

15. During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)...... If yes, explain:

PREVIOUS INSURER: Indicate premium and losses for the past three years. Describe all losses.

	Year:	Year:	Year:	Year:	Year:	Year:
Carrier						
Policy No.						
Total Premium						

LOSS HISTORY—FIVE YEAR PERIOD: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrence that may give rise to claims. See loss run attached

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application 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. This application does not bind the applicant not 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.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 Calais 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.

NAME AND TITLE:

APPLICANT'S SIGNATURE: ______ DATE: _____

AGENT NAME: ______ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AND/OR PREMIUM AUDIT PURPOSES:

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.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"