

Dams / Lakes / Reservoirs Supplemental

Please complete an application for each dam for which the applicant desires insurance.		
Full National Inventory of Dams name and location of the dam:		
Describe Downstream Exposure:	Describe Upstream Exposure:	
Residential :	Residential :	
Commercial:	Commercial:	
Industrial :	Industrial :	
How often are inspections conducted?		
If none are conducted, why not?		
Survey/inspection Date:	Outcome:	
	Recommendations:	
	Importance Level of Recommendations:	
Please attach latest inspection report.		
Please provide the following physical characteristics:		
Age:	Height:	
Width:	Acre-Feet:	
Length:	Hazard Grade:	
Construction:	Renovations:	
Condition:	Satisfactory: <input type="checkbox"/>	Poor: <input type="checkbox"/>
	Fair: <input type="checkbox"/>	Unsatisfactory: <input type="checkbox"/>
Purpose:	Recreation: <input type="checkbox"/>	Irrigation: <input type="checkbox"/>
	Dikes/Levees/Flood Control: <input type="checkbox"/>	Hydroelectric: <input type="checkbox"/>
	Water Storage: <input type="checkbox"/>	Debris Control: <input type="checkbox"/>
	Mine Tailings: <input type="checkbox"/>	Navigation: <input type="checkbox"/>
Other: <input type="checkbox"/>		
Does the insured have any lakes or reservoirs?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, does the insured have any of the following:	Boat Ramps: <input type="checkbox"/>	
	Designated Swimming Areas: <input type="checkbox"/>	
	Designated Water-Skiing Areas: <input type="checkbox"/>	
Hazard Grade:		Construction:
Condition:	Satisfactory: <input type="checkbox"/>	Poor: <input type="checkbox"/>
	Fair: <input type="checkbox"/>	Unsatisfactory: <input type="checkbox"/>
Comment on ongoing maintenance:		
Does the applicant have an Emergency Action Plan (EAP)?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>