

Dam Safety Supplement

***Please attach a copy of the most current dam inspection**

NAMED INSURED: _____

1. Name of the dam you own, operate or maintain _____
2. Location of this dam _____
3. Does the dam meet all current federal, state and local regulations? Yes No
4. What classification according to FEMA? Low Hazard Potential Medium Hazard Potential High Hazard Potential
5. Do you follow the governmental guidelines for maintenance and inspections? Yes No
6. Who performs the maintenance? Insured Other (name) _____
Do you have a contract with the maintenance contractor? Yes No
Are you held harmless from liability and do you obtain a certificate of insurance from them? Yes No
7. When was the dam constructed? _____
8. What is the construction type Earthen Concrete Other (list) _____
9. What is the date of the last government inspection? _____
10. If there were inspection recommendations have they been complied with? Yes No
11. Do you have a formal emergency action plan in place in the event of a dam failure? Yes No
12. Are warning signs posted where needed? Yes No

Additional comments below: _____

Applicant's Signature

Producer's Signature (if applicable)

Print Name

Print Name

Date (MM/DD/YY)

Date (MM/DD/YY)