



DAM SUPPLEMENT
(Include Acord application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

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? Yes No
 Is body of water contained by dam: River or stream fed Underground spring fed River or rain run off fed
 Does dam require a permit? Yes No If yes, permit number: _____
 Frequency of qualified inspection: Annual Other: _____
 Last inspected by: _____

Last date inspected: _____

Attach a copy of most recent inspection and advise status of any recommendation developed.

Downstream development: Approximate width of affected flood plain: _____ miles

	Miles Downstream from Dam									Loss of Life Potential		
	0 - __	__ - __	__ - __	__ - 1	1 - 1__	1 - 1__	1 - 1__	1 - __2	2 +	None	1-10	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: _____

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____