



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

Table with 13 columns: Miles Downstream from Dam (0-___, __-__, __-__, __-1, 1-1__, 1-1__, 1-1__, 1-__2, 2+) and Loss of Life Potential (None, 1-10, 10+). Rows include 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, and 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 _____