



4600 Cox Road, Glen Allen, VA 23060
(800) 431-1270 Fax (804) 527-7966

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?
4. What is the classification according to FEMA?
5. Do you follow the governmental guidelines for maintenance and inspections?
6. Who performs the maintenance?
7. When was the dam constructed?
8. What is the construction type?
9. What is the date of the last governmental inspection?
10. If there were inspection recommendations, have they been complied with?
11. Do you have a formal emergency action plan in place in the event of a dam failure?
12. Are warning signs posted where needed?

Additional comments below: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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 the person to criminal and [NY residents: substantial] civil penalties.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____