



Account Profile

Name Insured/Prospect: _____

Mailing Address: _____

E-mail Address: _____ Telephone Number: _____

Policy Term (from mm/yy to mm/yy): _____ Broker Contact: _____

Dam Name (if any): _____ Year Built : _____

Dam Location (Latitude and Longitude or Address): _____

Technical Issues

Dam Length (ft) _____ Dam height (ft) _____

Thickness of top of embankment (ft) _____ Thickness of bottom of embankment (ft) _____

Dam type

earthfill rockfill timber-crib arch

masonry-gravity concrete-gravity buttress

other _____

Foundation type

pile founded in soil or sand pile down to rock

sitting on soil or sand rock

other _____

Number of gates _____

Gate type

vertical lift radian (tainter) stop log and needle drum

dripping shutter (permanent flash board)

other _____

Spillway total capacity (cfs) _____

Spillway type

overflow chute side channel shaft

siphon other _____

Dam reservoir capacity (ac-ft) _____

Maximum slope of the upstream face of embankment (%) _____ Maximum slope of the downstream face of embankment (%) _____

Scour countermeasures at embankments, spillway and abutments

- Wire enclosed riprap mattress Soil cement Rock riprap
 Concrete blocks None
 other _____

Defective damage

Any indication of erosion of rock and soil for embankments and foundations? Yes No Seepage erosion through cracks for embankments and foundations? Yes No

Undermining, settlement, sinkhole for embankments and foundations? Yes No Growing cracks and gaps potentially leading to dam breach? Yes No

Concrete deterioration and spalling? Yes No Flood (overtopping-induced) erosion of abutment? Yes No

Vegetation growing on concrete components? Yes No Concrete wall damage due to earthquake, explosives and active faults? Yes No

Hydrologic and geotechnical issues

Record Flood (cfs) _____ 100-year Flood (cfs) _____

PMF in/out flow (cfs) _____ IDF in/out flow (cfs) IDF: Inflow Design Flow _____

Rock conditions Fractured Jointed, Blocky and Seamy Stratified
 Intact

Presence of faults Multiple active fault lines Faults present, believed dormant
 None

Site Investigation documentation Detailed ground investigation by borehole logging
 Some level (rock or stiff clays) coupled with conservative excavation
 None

Neighborhood Issues

Significance of downstream consequences due to an uncontrolled release of the reservoir Yes No

Possibility of high flow debris reducing spillway capacity Yes No

Upstream dam in the same drainage basin Yes No

Organization & Management

Gate and spillway inoperability monitoring	<input type="radio"/> Yes	<input type="radio"/> No	
Growing crack, deformation and expansion joint monitoring	<input type="radio"/> Yes	<input type="radio"/> No	
Undermining, settlement and sinkhole monitoring	<input type="radio"/> Yes	<input type="radio"/> No	
What factors govern inspection and repair priorities?	<input type="checkbox"/> Legislative	<input type="checkbox"/> Budget	<input type="checkbox"/> Maintenance schedule
	<input type="checkbox"/> other _____		
History of major rehabilitation projects	<input type="radio"/> Yes	<input type="radio"/> No	
Record of major catastrophic loss from natural hazards	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Flood	<input type="checkbox"/> Rainfall
	<input type="checkbox"/> Ice	<input type="checkbox"/> Landslide	<input type="checkbox"/> Snow
	<input type="checkbox"/> other _____		
Inspection of dam under the Federal Guidelines for Dam Safety	<input type="radio"/> Yes	<input type="radio"/> No	
Do you have any other comprehensive, systematic program of inspection?	_____		

Inspection type	<input type="checkbox"/> In-depth	<input type="checkbox"/> Visual	
	<input type="checkbox"/> other _____		
Inspection frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
	<input type="checkbox"/> 3 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> Emergency-basis-only
	<input type="checkbox"/> None to date		
Who performs inspection?	<input type="checkbox"/> in-house staff	<input type="checkbox"/> Consulting engineers	<input type="checkbox"/> Authorities
	<input type="checkbox"/> other _____		

Attachments

The questionnaire has to be completed with the following documents attached:

- Geotechnical report
- Architectural drawings
- Site plan

Fraud Warning:

Any person who knowingly and with intent to defraud any company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties. (Not applicable to Nebraska, Oregon and Vermont)

Notice to Colorado applicants:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial for insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within Department of Regulatory Agencies.

Warning to district of Columbia applicants:

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida applicants:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Louisiana applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Maine applicants:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to Maryland applicants:

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Minnesota applicants:

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Notice to Ohio applicants:

Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

Notice to Oklahoma applicants:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Rhode Island applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application of insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning (Applicable in Tennessee, Virginia and Washington):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Fraud Warning (Applicable in the State of New York):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE

DATE APPLICANT'S SIGNATURE (Must be signed by an active owner, partner or executive officer)

PRODUCER'S NAME

DATE PRODUCER'S SIGNATURE

BROKER LICENSE NUMBER