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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 is the 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 governmental 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: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

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. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

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. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

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 _____