

Chris-Leef General Agency, Inc.  
P.O. Box 3747 Shawnee Mission, KS. 66203  
(913) 631-1232 (913) 631-1128 fax  
(800) 548-0491 (800) 383-1235 fax  
contract@chris-leef.com

### Dam Questionnaire

Applicant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Location Address \_\_\_\_\_

Agent Name \_\_\_\_\_  
Address \_\_\_\_\_

PROPOSED EFFECTIVE DATE:  
From \_\_\_\_\_ TO \_\_\_\_\_  
12:01 A.M., Standard Time at the address of the Applicant

Applicant is:  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify) \_\_\_\_\_

1. Name of dam: \_\_\_\_\_

2. Class of dam: \_\_\_\_\_

3. Length: Top \_\_\_\_\_ feet Bottom \_\_\_\_\_ feet

Width: Top \_\_\_\_\_ feet Bottom \_\_\_\_\_ feet

4. Average height: \_\_\_\_\_ feet

5. Age of dam: \_\_\_\_\_ years

6. Construction:  Earth-fill, earth embankment  Concrete or masonry  Other (describe): \_\_\_\_\_

7. Type of principal spillway:  Drop inlet structure  Overflow spillway structure

8. Emergency spillway:  Earthen  Other (describe): \_\_\_\_\_

9. Is vehicular traffic allowed on or across dam?  Yes  No

10. Is body of water contained by dam:  River or stream fed  Underground spring fed  Rain or rain run-off fed

11. Does dam require a permit?  Yes  No If yes, permit number \_\_\_\_\_

12. Frequency of qualified inspection:  Annual  Other (how often): \_\_\_\_\_

13. Last inspected by: \_\_\_\_\_

14. Last date inspected: \_\_\_\_\_

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

15. Downstream development: Approximate width of affected flood plain \_\_\_\_\_ miles

**DOWNSTREAM DEVELOPMENT**

	Miles Downstream from Dam									Loss of Life Potential		
	0-1/4	1/4- 1/2	1/2-3/4	3/4-1	1-1 1/4	11/4-11/2	11/2-13/4	13/4-2	2 or more	None	1-10	Over 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: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

**PREVIOUS INSURER:** Indicate premium and losses for the past three years. Describe all losses.

Year	Company	Pol. #	Premium	Losses Paid	Losses Reserved	Description

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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.

**FRAUD WARNING:**

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 subjects such person to criminal and civil penalties.

APPLICANTS SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO-CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedures, a routine inquiry may be made obtain applicable information concerning character, general reputation, personal characteristics and mode of living- Upon written request, additional information as to the nature and scope of the report, if one is made. will be provided.

PLEASE ANSWER ALL QUESTIONS. IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."