



SCOTTSDALE INSURANCE COMPANY®

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Administrative Office:

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Dam Questionnaire

Applicant's Name _____
 Mailing Address _____

 Location _____

 Web Site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-Mail _____
 Phone _____

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
 River 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 date inspected:** _____

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

14. Downstream development: Approximate width of affected flood plain _____ miles

DOWNSREAM 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	1 1/4-1 1/2	1 1/2-1 3/4	1 3/4-2	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: _____

15. During the past three years has any company ever canceled, 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:	Year:	Year:	Year:	Year:	Year:
Carrier						
Policy No.						
Total Premium						

LOSS HISTORY—FIVE YEAR PERIOD: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrence that may give rise to claims. See loss run attached

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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. 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 Calais 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.

NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AND/OR PREMIUM AUDIT PURPOSES:

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to 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”