

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

<b>GENERAL INFORMATION</b>
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Proposed First Named Insured & Other Named Insured(s):	Today's Date:	
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	

<b>STRUCTURE INFORMATION</b>
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*Please complete the table and attach most current inspection reports*

		Structure 1	Structure 2	Structure 3
Name of Structure				
Type of Structure		<input type="checkbox"/> Dam <input type="checkbox"/> Dike <input type="checkbox"/> Levee <input type="checkbox"/> Canal <input type="checkbox"/> Flood Wall	<input type="checkbox"/> Dam <input type="checkbox"/> Dike <input type="checkbox"/> Levee <input type="checkbox"/> Canal <input type="checkbox"/> Flood Wall	<input type="checkbox"/> Dam <input type="checkbox"/> Dike <input type="checkbox"/> Levee <input type="checkbox"/> Canal <input type="checkbox"/> Flood Wall
Hazard Code		<input type="checkbox"/> High <input type="checkbox"/> Significant <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Significant <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Significant <input type="checkbox"/> Low
Purpose		<input type="checkbox"/> Flood Control <input type="checkbox"/> Irrigation <input type="checkbox"/> Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Power	<input type="checkbox"/> Flood Control <input type="checkbox"/> Irrigation <input type="checkbox"/> Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Power	<input type="checkbox"/> Flood Control <input type="checkbox"/> Irrigation <input type="checkbox"/> Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Power
Construction		<input type="checkbox"/> Concrete <input type="checkbox"/> Earth <input type="checkbox"/> Other	<input type="checkbox"/> Concrete <input type="checkbox"/> Earth <input type="checkbox"/> Other	<input type="checkbox"/> Concrete <input type="checkbox"/> Earth <input type="checkbox"/> Other
Dimensions	Capacity	acre feet	acre feet	acre feet
	Height	feet	feet	feet
	Age			
How is water level controlled?		<input type="checkbox"/> Gates <input type="checkbox"/> Spillway <input type="checkbox"/> Other	<input type="checkbox"/> Gates <input type="checkbox"/> Spillway <input type="checkbox"/> Other	<input type="checkbox"/> Gates <input type="checkbox"/> Spillway <input type="checkbox"/> Other
How are gates operated?		<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic
How often is the structure inspected?				
Inspection is performed by:				
Do you have a documented maintenance plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency notification plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding recommendations from your last inspection report?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe:</i>

Are you aware of any instability or immediate repair needs for the structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe:</i>
Describe downstream exposures in detail, such as highways, railroads, power easements, dwellings, structures, recreation areas and approximate number of people in inundation zone (Include distance in miles from structure) <i>If more room is needed, use the Additional Information section and the end of this document.</i>			

Primary Contact for Maintenance and Monitoring:		
Name:	Phone:	Email:

**FRAUD STATEMENTS**

**FLORIDA:** 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.

**LOUISIANA and MAINE:** 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.

Refer to the Core Application for all Fraud Statements.

**SIGNATURES**

Authorized Representative Signature*: <b>X</b>	Authorized Representative Name - Printed	Date:
Producer Signature*: <b>X</b>	State Producer License No (required in FL):	Date:
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

**ADDITIONAL INFORMATION**

This area may be used to provide additional information to any question. Please reference the question number.