



DAMS SUPPLEMENTAL APPLICATION

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER.

Entity Name	Date
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High Hazard Dams Requirement:

- 1) Please provide the most current copy of either last State Inspection or Engineering Firm that inspected the dam, and
- 2) If there were inspection recommendations, provide comments on what has been done to address them

Structure 1

Name of Structure: _____

Hazard Rating: High Medium Low

Year built: _____ Purpose: Flood control Water supply Recreation

Construction: Concrete Earthen Other: _____ Height (ft): _____ Capacity (acre ft): _____

Does this structure require inspections by a State Agency? Yes No If Yes, Date of Last Inspection: _____

Does the entity have an emergency notification plan? Yes No

Structure 2

Name of Structure: _____

Hazard Rating: High Medium Low

Year built: _____ Purpose: Flood control Water supply Recreation

Construction: Concrete Earthen Other: _____ Height (ft): _____ Capacity (acre ft): _____

Does this structure require inspections by a State Agency? Yes No If Yes, Date of Last Inspection: _____

Does the entity have an emergency notification plan? Yes No

Structure 3

Name of Structure: _____

Hazard Rating: High Medium Low

Year built: _____ Purpose: Flood control Water supply Recreation

Construction: Concrete Earthen Other: _____ Height (ft): _____ Capacity (acre ft): _____

Does this structure require inspections by a State Agency? Yes No If Yes, Date of Last Inspection: _____

Does the entity have an emergency notification plan? Yes No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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