

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

<b>Entity Name</b>	<b>Date</b>
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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: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Year built: _____	Purpose: <input type="checkbox"/> Flood control <input type="checkbox"/> Water supply <input type="checkbox"/> Recreation
Construction: <input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Other: _____   Height (ft): _____   Capacity (acre ft): _____	
Does this structure require inspections by a State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, Date of Last Inspection: _____	
Does the entity have an emergency notification plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Structure 2**

Name of Structure: _____	
Hazard Rating: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Year built: _____	Purpose: <input type="checkbox"/> Flood control <input type="checkbox"/> Water supply <input type="checkbox"/> Recreation
Construction: <input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Other: _____   Height (ft): _____   Capacity (acre ft): _____	
Does this structure require inspections by a State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, Date of Last Inspection: _____	
Does the entity have an emergency notification plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Structure 3**

Name of Structure: _____	
Hazard Rating: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Year built: _____	Purpose: <input type="checkbox"/> Flood control <input type="checkbox"/> Water supply <input type="checkbox"/> Recreation
Construction: <input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Other: _____   Height (ft): _____   Capacity (acre ft): _____	
Does this structure require inspections by a State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, Date of Last Inspection: _____	
Does the entity have an emergency notification plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
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