

Dam Supplemental

National Fire & Marine Insurance Company
National Indemnity Company of the South

(Complete in Addition to M-5593 General Liability Application)

Proposed Policy Effective Date: _____ Expiration: _____

1. Name of applicant: _____
2. Applicant type: Individual Partnership Corporation LLC Other, describe: _____
3. Mailing address: _____
4. Website: _____
5. Contact information for premium audits and inspections (name & phone): _____
6. Name of dam: _____
7. Address of dam: _____
8. Type of dam construction: Earthen Concrete Masonry Other, describe: _____
9. Height of dam from toe to crest (feet): _____ Length (feet): _____
10. Storage capacity of reservoir (acre-feet): _____
11. Date of construction: _____ Date of last inspection (attach copy): _____
12. Has the dam experienced any previous failures, ruptures, overtoppings, etc.? Yes No
If yes, describe, including dates: _____

13. Are there any other dams upstream? Yes No
If yes, describe: _____
14. Describe what lies downstream from the dam (include distances): _____

15. Is vehicular traffic allowed on or across the dam? Yes No
16. Is the dam required to have a permit? Yes No
If yes, what agency or state department issues the permit? _____
17. Is the dam used for any industrial purposes, such as mining? Yes No
If yes, describe: _____
18. Has any company canceled, declined, or refused to issue similar insurance to the applicant? Yes No
If yes, describe: _____

This Supplement is part of the Application and will be relied upon by the Company as an integral part of the Application.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Applicant's Signature

Date