



**NIF GOVERNMENTAL SERVICES
DAMS SUPPLEMENTAL APPLICATION**

NAMED INSURED _____ DATE _____

Dams owned or operated:

Number	Name	Location	Age	Construction	Overspill/Sluice

Number	Length	Height	Width at Base	Width at Crest	Surface Area	Date Last Inspected	Rating	Water Source

Identify all recommendations made at last inspection, or attach a copy of the report's recommendation pages.

Identify the current status of each recommendation made.

Identify the frequency with which the flood gates are operated.

Five mile upstream exposure (expressed as percents) Units

Residential	_____	Residential	_____
Commercial	_____	Commercial	_____
Industrial	_____	Industrial	_____
Agricultural	_____	Agricultural	_____
Undeveloped	_____		

Description of downstream terrain.

Flat Plane Watershed Valley Hills Other

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another (NY: other) person files an application for insurance (NY: 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, (NY: 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) and subjects the person to criminal and civil penalties. In Maine and Virginia, insurance benefits may also be denied.