

RAILROAD PROTECTIVE LIABILITY APPLICATION

1. a. Name of a Insured/Railroad(s): _____

B. Address of Insured/Railroad(s):

(1) _____
No. Street City State Zip Code

(2) _____
No. Street City State Zip Code

(3) _____
No. Street City State Zip Code

2. A. Name of Contractor: _____

B. Address of Contractor

No. Street City state Zip Code

C. Contractors Coverage: (GL & Umbrella)

Carrier (Primary) Limits Policy Date Carrier (Umbrella) Limits Policy Date

3. Who is work being done for:

Name Address

4. Limits Required: \$2MM/\$2MM \$2MM/ \$6MM Other _____

5. A. Description of Job (include location - street, city, state): _____

B. Contract #: _____

C. Is movement of track involved: NO YES Explain if YES _____

D. Is Construction to tracks Parallel Over Under On Other Explain) _____

6. Period of Contract: _____

7. Anticipated Start Date: _____

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8. What Railroad Line is involved: Mainline Branch Branch Spur Yard

Daily train movement (# of trains) Freight _____ Passenger _____

During work hours (# of trains) Freight _____ Passenger _____

9. A. full Contract Cost \$ _____ B. Cost within 50' of track _____

10. A. Any work being done by Railroad employees NO YES (explain YES) _____

B. Are flagmen and watchman to be employed NO YES (explain YES) _____

C. Are slow orders in effect NO YES (explain YES) _____

11. Will the contractor stated in question 2 doing all the work NO YES

If a NO answer, what work will be done by subcontractor _____

12. Will there be any blasting: NO YES (explain YES) _____

13. Will utility lines need to be moved or disturbed in any way: NO YES (explain YES) _____

14. Attach indemnification contract wording between Railroad and Contractor.

PRODUCER _____

DATE: _____

CONTRACTOR _____

DATE: _____