



## RAILROAD PROTECTIVE SUPPLEMENTAL APPLICATION

<b>APPLICANT'S INSTRUCTIONS:</b>	
1) ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE STATE NONE.	
2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.	
3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.	
4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.	

<b>Producer:</b>			<b>Producer code:</b>	
<b>Street address:</b>	<b>City/State:</b>	<b>Zip code:</b>	<b>Phone number:</b>	<b>Fax number:</b>
<b>Mailing address:</b>			<b>Email address:</b>	

### APPLICANT INFORMATION

<b>Name of contractor:</b>
<b>Location of job:</b>
<b>Owner for whom job is being performed:</b>
<b>If RR is not the owner, indicate the railroad involved:</b>

### COVERAGE REQUESTED

<b>Effective date:</b>	<b>Expiration date:</b>
<b>Railroad protective limits of liability required:</b>	
Each occurrence: \$ _____	
Aggregate: \$ _____	
Deductible: \$ _____	
<b>What are the current general liability &amp; excess limits provided to contractor?</b>	
<b>Indicate any special coverage requirements including any unusual contract requirements?</b>	

## JOB ACTIVITY

Brief description of the operations to be performed:

Describe in detail any involvement of the railroad directly with this job:

Indicate the number and type of railroad employees to be specifically assigned to the job:

Type of equipment to be used (if any train, indicate make-up):

Type and number of tracks within 50' of the job (main line, branch line, siding, yards):

Number of trains per day on such tracks:    Passenger:                      Freight:

Speed of trains:

A. Usual:

B. By contemplated slow order for this job:

Total contract cost:

Proportion of job cost represented by work within 50' of the track (indicate nature of operations within 50' and exact distances):

Will contractor have to cross track at grade or place equipment on or immediately beside track? .....  Yes     No  
If yes, please provide details:

Is there any excavation exposure to tracks or to underground facilities such as pipes or cables? .....  Yes     No  
If yes, please provide details:

Is blasting near tracks expected? .....  Yes     No  
If yes, please describe your methods and exposure:

If work must be conducted near overhead power lines, will lines be moved? .....  Yes     No  
If not, indicate precautions to be taken:

Does work involve any special problems, such as cofferdams? .....  Yes     No  
If yes, please describe:

Is our insured contractor required to assume the "sole negligence" of the railroad? .....  Yes     No  
Length of job?

Attach indemnification clause of any contractual agreement between RR and contractor, if applicable.  
Attach the latest experience recap and description of the contractor's qualifications to perform this job.

**PRIOR CARRIER INFORMATION (List last 5 years)**

<b>GENERAL LIABILITY:</b>	YEAR ____	YEAR ____	YEAR ____	YEAR ____	YEAR ____
Carrier					
Policy no.					
Policy type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive date					
Policy limits: Occurrence					
Gen. Aggregate					
Premium					
Sir or Deductible					
Expense within policy limit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>WORKERS' COMPENSATION:</b>	YEAR ____	YEAR ____	YEAR ____	YEAR ____	YEAR ____
Carrier					
Policy no.					
Premium					
Sir or Deductible					

Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? .....  Yes  No  
 If yes, please explain:

Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage? .....  Yes  No  
 If yes, please explain:

**CLAIMS HISTORY**

**Current plus last five years (currently valued hard copy loss runs)**

**Total aggregates losses, including defense costs:**

Policy period	No. of Claims	Total amounts paid		Amounts in reserve		Valuation Date
		Indemnity	Expense	Indemnity	Expense	

Describe individual losses, valued \$25,000 or more, including defense costs:

Are you aware of any other occurrences, incidents, conditions, defects or suspected defects that may result in claims against you?  Yes  No  
 If yes, give details:

**Please attach workers' compensation loss runs including previous five years.**

## FRAUD WARNING

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false 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 fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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 fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company, penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance 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 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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 and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent / Broker Name: \_\_\_\_\_

**The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.**