



** required information*

RAILROAD PROTECTIVE LIABILITY APPLICATION

- A. Brokerage Contact*

- B. Email Address*

- C. Brokerage Address

- D. Brokerage Phone #*

continue with requested application information

RAILROAD PROTECTIVE LIABILITY APPLICATION

Instant Indication

A. Applicant Information

1. Applicant Company Name: _____
DBA: _____
2. Address 1: _____
Address 2: _____
3. City: _____ State: _____ Zip Code: _____
4. Anticipated Start Date: _____
5. Anticipated Completion Date: _____

B. Operations

1. Full Contract Cost: _____
2. Cost Within 50' Of Tracks: _____
3. Job Location: _____ Job Location State: _____
4. Number of Freight Trains (Daily Train Movement & During Work Hours): _____
5. Number of Passenger Trains (Daily Train Movement & During Work Hours): _____
6. Is Movement of Tracks Involved? YES / NO
If 'YES', please explain:

7. Is Construction (Please circle one):
Parallel To Tracks On Tracks Over Tracks Under Tracks Other
8. Are slow orders in effect? YES / NO
If 'YES', please explain:

9. Who is filing the surplus lines taxes? _____

C. Policy Limits

Limits of Liability *(circle one)*:

\$2,000,000/\$2,000,000 \$2,000,000/\$6,000,000 Other: _____

D. Coverages & Endorsements

Exclude Terrorism Coverage? : YES / NO

Application

A. Applicant Information

1. **Contact Name:** _____

2. **Phone:** _____

3. **Type of Business** (*circle one*): **Individual** **Corporation** **Partnership** **LLC** **Other**

4. **FEIN Number:** _____

5. Surplus Lines Taxes and Fees

License #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

B. Business Operations

1. **Any work being done by railroad employees? YES / NO**

If 'YES', please explain:

2. **Are flagman and watchman to be employed? YES / NO**

If 'YES', please explain:

3. **What type of railroad line is involved** (*Please circle one*): **Mainline** **Branch** **Spur** **Yard**

4. **Will the contractor listed be doing all of the work? YES / NO**

5. **What is the contractor's five-year incurred GL Loss Ratio?**

6. **Will there be any blasting? YES / NO**

If 'YES', please explain:

7. Will utility lines need to be moved or disturbed in any way? YES / NO

If 'YES', please explain:

8. Job Description: _____

9. Contract Number: _____

10. Length of Contract (days): _____

C. Claims History

1. Applicant Company Name: _____

DBA: _____

2. Address 1: _____

Address 2: _____

3. City: _____ State: _____ Zip Code: _____

4. Description of Contractor Operations:

5. CGL Carrier: _____

6. CGL Limits: _____

7. Umbrella Carrier: _____

8. Umbrella Limits: _____

9. Is the sum of the contractor's CGL Occurrence Limit and Umbrella Occurrence Limit greater than or equal to the Railroad Protective Occurrence Limit? YES / NO

10. Name and Address of Government Authority for whom the work by the Contractor is being done:

D. Coverages and Endorsements

1. Pollution Exclusion Amendment: YES / NO

2. Add Additional Named Insured(s) – Railroad:

Name & Address: _____

3. Add Additional Insured:

Name & Address: _____
