



Railroad Division

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APPLICATION FOR CONTINGENT RAILROAD LIABILITY INSURANCE

Name of applicant:
Address:
Is applicant a subsidiary of another company?
If yes, provide name of parent company:
List all additional insureds to be named with an explanation of relationship to applicant:
Table with columns: Additional Insured, Relationship
Current Program:
Requested Program:

Attach complete schedule of all railroad equipment including locomotives to be covered. Include car type, and any identifying markings. *(Please note, only railroad equipment scheduled and on file with us will be insured by our contingent liability policy)*
 Attach list of lessees and equipment numbers locomotives.

Have you taken responsibility to insure non-owned railroad equipment?
 Yes No - If yes, please explain and provide complete schedule of railroad equipment.
(Please note, only railroad equipment scheduled and on file with us will be insured by our contingent liability policy) _____

Do you manage equipment and/or locomotives for others? Yes No
(If yes, provide copy of Management Agreement) _____

Please Provide copies of active lease agreements and copies of sample agreements.
(Include insurance requirements and contractual obligations)

Are lease agreements:
 Net (Not responsible for maintenance of leased equipment)
 Full (Responsible for maintenance of leased equipment)

Do you plan to purchase more railroad equipment in the future?
 Yes No - If yes, provide details. _____

Provide details of the amount of liability insurance you require from your lessees?
 Each Occurrence: \$ _____ Aggregate: \$ _____

Describe type of commodities hauled in leased railroad equipment? _____

Are hazardous materials hauled in leased railroad equipment?
 Yes No - If yes, please identify which railroad equipment and type of hazardous materials hauled.

Who is responsible for maintenance of railroad equipment? - If you are, do you use AAR Approval repair shops?
 Explain _____

Summary of losses: (Past 5 years)

| Carrier | Policy Period | Number of Claims | Total Incurred <i>aid and reserved</i> | Description of Loss |
|---------|---------------|------------------|---|---------------------|
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Provide detailed description of any claim paid or reserve over the last 5 years in excess of \$6,700 (If none, please indicate):
 BI, PD, FEIA, FRS, BOI, HAZ MATS
(Attach separate sheet if necessary) _____

Identify name of claim contact: _____ Telephone: _____

FRAUD PREVENTION - GENERAL WARNING

NOTICE: any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an insurance company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS: any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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: warning, 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 of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO IDAHO APPLICANTS: any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: any person who knowingly and with the 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 MAINE APPLICANTS: it is a crime to provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MICHIGAN APPLICANTS: any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

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

NOTICE TO NEVADA APPLICANTS: pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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 LOUISIANA AND 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 any insurance company or other person files an application for insurance or statement of claims 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 PENNSYLVANIA APPLICANTS: any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any fact 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 such person to criminal and civil penalties.

NOTICE TO TENNESSEE & 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.

Name of Applicant: _____ Title: _____

Signature of Authorized representative (officer) _____ Date: _____