



Railroad Division

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## Insurance Coverage Program - Large Scale Trains

Named Insured:	
Complete Mailing Address	
Train Ride Location Address:	
Name of Contact Person:	
Work Number:	Home / Cell Number: _____
Fax Number:	E-mail Address: _____
Website Address:	
Effective date:	
Additional insured name and address (Lessors, ect.)	
How many cars and or locomotives do you own? If you desire a Property Insurance quote on this equipment please Provide us with a list of equipment including valuations. What is the income from train rides?	
What is the income from other sources (gifts, souvenirs, food, ect.)? How often do you operate? Weekends? Daily?	
What is your operating Season?	
Track Gauge:	Miles of track: _____  Miles of track being utilized / operated on: _____
Describe in detail train and track maintenance program?	
If you operate a 7.5" Gauge Train do you have built in Stabilizers?	
Do you have a weight limit on riders that exceeds 250 lbs?	
Have you had any claims or unreported accidents in the last three years? Please furnish details:	
What company presently provides your insurance?	
What is the policy number?	
What are the policy dates?	
What is your present premium?	
What is the limit of liability?	

Print Name \_\_\_\_\_

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

Signature \_\_\_\_\_

Date: \_\_\_\_\_