



Railroad Division

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**APPLICATION FOR PRIMARY COMMERCIAL LIABILITY INSURANCE**

<b>General Information</b>	
Name of Insured: <i>(Attach separate sheet if necessary)</i>	Address of Insured:
Provide names of any subsidiaries or affiliated company(s) to be covered:	
1. _____	
2. _____	
3. _____	
List all additional insureds to be named with an explanation of relationship to applicant: <i>(attach separate sheet if necessary)</i> :	
Additional Insureds	Relationship
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
List locations to be insured. If jointly owned or jointly operated with others, please name others. <i>(List all locations, attach separate sheet if necessary)</i> :	
1. _____	
2. _____	
3. _____	
Current Program:	
Name of Insurance Company:	Expiring Premium: \$ _____
A. General Aggregate :	\$ _____ Commercial General Liability
B. Products & Completed Operations Aggregate:	\$ _____ Claims Made Occurrence
C. Personal & Advertising Injury:	\$ _____
D. Each Occurrence:	\$ _____ Deductibles: \$ _____
E. Damage To Rented Premises (each Occurrence):	\$ _____ Self-Insured Retention: \$ _____
F. Medical Expense (Any one person)	\$ _____ Policy Effective Date: _____
G. Employee Benefits	\$ _____ Expiration Date: _____
Requested Program:	
Name of Insurance Company:	Expiring Premium: \$ _____
A. General Aggregate :	\$ _____ Claims Made Occurrence
B. Products & Completed Operations Aggregate:	\$ _____
C. Personal & Advertising Injury:	\$ _____ Deductibles: \$ _____
D. Each Occurrence:	\$ _____ Self-Insured Retention: \$ _____
E. Damage To Rented Premises (each Occurrence):	\$ _____
F. Medical Expense (Any one person)	\$ _____ Policy Effective Date: _____
G. Employee Benefits	\$ _____ Expiration Date: _____
H. Other coverage requirements or specialty : <i>(please explain)</i> :	
How long has the company been run by current management? _____ years <i>(If less than 2 years, please provide detail of prior experience)(attach sheet if necessary):</i>	
1. Description of Operations Performed: Percentages must total 100% of revenue:	
A. Track removal, including sale of recovered materials	

B. Track construction, maintenance and/or repair			
C. Re-rail of wrecked cars, transfer of materials			
D. Herbicide application to Right of Way			
E. Non-herbicide clearing of Right of Way			
F. Installation/maintenance of railroad signalization or communications			
G. Any Non-Railroad work? ( <i>please describe</i> ):			
H. Other ( <i>please describe</i> ):			
2. Description of Customers:			Percentage must total 100% of revenue:
A. Shortline Railroad			
B. Regional Railroad			
C. Industry			
D. Commuter/Transit Systems			
E. Excursion/Scenic Railroad			
F. Class I Railroad			
3. Are you a member of the National Railroad Construction and Maintenance Association "NRC"?			Yes No
4. List annual revenues and payrolls for each of the following:			
	Revenues	Payroll	Number of Employees
Estimate for Coming year	\$	\$	
Current year	\$	\$	
Prior year	\$	\$	
5. Any structural work on railroad bridges or tunnels? ( <i>If yes, please describe</i> ):			Yes No
6. Do you provide design services? ( <i>If yes, explain or attach sheet if necessary</i> )			Yes No
A. What percentage of contracts involves design?			%
B. Is design work per FRA specifications?			Yes No
C. Is design work reviewed by railroad?			Yes No
7. What work is subcontracted? ( <i>provide details</i> )		Amount: \$	
8. Are certificates of insurance required of all subcontractors?			Yes No
A. What limits of liability required on subcontractors insurance?			\$ _____
B. Are hold harmless agreements in your favor required from your subcontractors?			Yes No

<p>9. Is any of your equipment leased to others? (If yes, what type?)</p> <p>with operators    without operators</p> <p>Is lessee required to add contractor as an additional insured under lessee's general liability policy?</p>	<p>Yes    No</p> <p>Yes    No</p>
<p>10. A. What equipment do you typically use in your operations? (please explain)</p>	
<p>10. B. Any in plant switching of railroad cars? (If yes, please explain):</p>	<p>Yes    No</p>
<p>11. Does your company act as subcontractor for others? (If so, please explain)</p>	
<p>12. Please list your major customers and the jobs you have completed for them over the past three years: (attach sheet if necessary)</p>	
<p>Customer</p>	<p>Job Description</p>
<p>Any Policy Cancelled, Declined and/or Did not Renew? (If yes, please explain)</p>	<p>Yes    No</p>
<p>Is there a formal Safety Program in effect? (If yes, please explain)</p>	<p>Yes    No</p>
<p>Any Exposure to Hazardous Material? (If yes, please explain)</p>	<p>Yes    No</p>
<p>Any other Business Being Submitted? (If yes, please explain)</p>	<p>Yes    No</p>
<p>Were there any filed Bankruptcies or Liens against the Insured in the past or are now pending? (If yes, please provide full details)</p>	<p>Yes    No</p>
<p>Are there any Contractor's Permanent Yards? (If so, please explain)</p>	<p>Yes    No</p>
<p>Any vacant Land? (describe use)</p>	<p>Yes    No</p>

Do you have any Hold Harmless agreement with customers? (If yes, please explain)	Yes No
Does the contractor have specific insurance requirements? ( If so, provide a copy of agreement)	Yes No
Is the definition of the Insured Contract amended to include work within 50 feet of the Railroad Tracks?	Yes No
Attach Previous Carriers Loss Runs with a Current Validation Date (3-5yrs.)	
What are the Experience Modifications for Workers Compensation and Employee Liability over the past 3 yrs: 1. _____ 2. _____ 3. _____	
Please provide the following additional information as attachments:	
<ul style="list-style-type: none"> <li>• safety program</li> <li>• company brochures</li> <li>• sample/current contracts</li> <li>• financial statements</li> </ul>	

Indicate claim contact person:		
Location:		
Telephone:	Fax:	E-mail:

**FRAUD PREVENTION - GENERAL WARNING**

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD**

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

**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 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 PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**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.

**NOTICE TO WASHINGTON 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:	
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Signature of authorized representative (officer)	Date
Title:	



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RAILROAD CONTRACTORS SUPPLEMENTAL APPLICATION

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_

1.) Description of operations: (please give percentages adding up to 100%)

- a.) Private spur/ Industrial track work \_\_\_\_\_%
b.) Shortline/Regional track work \_\_\_\_\_%
c.) Passenger/Commuter track work \_\_\_\_\_%
d.) Class I Railroad track work \_\_\_\_\_%
e.) Derailment clean-up work \_\_\_\_\_%
f.) Vegetation control work \_\_\_\_\_%
g.) Signal work \_\_\_\_\_%
h.) Other (please describe) \_\_\_\_\_%

\_\_\_\_\_
\_\_\_\_\_.

2.) Do any of the operations involve bridge work, tunneling, or blasting? Yes\_\_\_ No\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_.

3.) Does the contractor provide design services? Yes\_\_\_ No\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_.

4.) What are the total contract values/payrolls for each of the last five years?

20\_\_\_\_\_ Contract \$ \_\_\_\_\_ Payroll \$ \_\_\_\_\_

20\_\_\_\_\_ Contract \$ \_\_\_\_\_ Payroll \$ \_\_\_\_\_

20\_\_\_\_\_ Contract \$ \_\_\_\_\_ Payroll \$ \_\_\_\_\_

20\_\_\_\_\_ Contract \$ \_\_\_\_\_ Payroll \$ \_\_\_\_\_

20\_\_\_\_\_ Contract \$ \_\_\_\_\_ Payroll \$ \_\_\_\_\_

ESTIMATED contract/payroll for the coming year?

20\_\_\_\_\_ Contract \$ \_\_\_\_\_ Payroll \$ \_\_\_\_\_

5.) Attach a list of current jobs.

6.) Does the contractor use sub-contractors? Yes\_\_\_ No\_\_\_

If yes, please advise the following:

a.) What type of work is subcontracted? \_\_\_\_\_

b.) Is insurance required? Yes\_\_\_ No\_\_\_

c.) Are certificates of insurance required? Yes\_\_\_ No\_\_\_

d.) Is the contractor named as an additional insured and/or held harmless?  
Yes\_\_\_ No\_\_\_

7.) Is any equipment leased, loaned or rented to others? Yes\_\_\_ No\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_.

8.) What is the average number of employees? \_\_\_\_\_.

9.) Is there a formal safety plan? Yes\_\_\_ No\_\_\_

If yes, please describe: \_\_\_\_\_

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**10.)                    Loss History:**

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**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Name of Broker:** HMBD Insurance Services, Inc.  
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