



Railroad Division

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Date:

Application for Primary Railroad Liability Insurance

General Information

Name of Railroad: (Attach separate sheet if necessary)

Address of Railroad:

Provide name of railroad's owner if above is a subsidiary of another company:

Provide names of any subsidiaries or affiliated railroad(s) to be covered:

- 1.
2.
3.

List all additional insureds to be named with an explanation of relationship to applicant: (attach separate sheet if necessary):

Additional Insureds

Relationship

- 1.
2.
3. (for both columns)

List terminal locations of railroad. If jointly owned or jointly operated with other railroads, please name other railroads

(List all locations, attach separate sheet if necessary):

- 1.
2.
3.

Current Program:

- A. Carrier(s):
B. Limit of Liability: Each Accident: \$ Aggregate: \$
C. Each Incident Retention (SIR): \$
D. Coverages: Claims Made, Occurrence, BI, PD, FELA, FRS/BOL
E. Premium & Rate:

Requested Program:

- A. Limit of Liability: Each Accident: \$ Aggregate: \$
B. Each Incident Retention (SIR):
C. Policy Effective Date: Expiration Date:
D. First Coverage Date (if applicable):
Is Claims Made continuous? Yes No - If no, please explain:

How long has the railroad been run by current management? years

If less than 2 years, please provide the following:

- A. Name of previous track operator:
B. How long was track out of service?
C. What is prior railroad experience of officers and key personnel? (Attach resumers) of key personnel:

General Information

Describe your type of railroad:

- Switching
- Excursion
- Excursion General Commodity Hauling
- Other, explain (attach sheet if necessary) _____
- Terminal

Do you carry any passengers?

- For a fare
 - Non- fare paying
- Total ridership (annually): _____

Miles of Track

Total main line: _____ Main line not in operation: _____
 Secondary or Branch lines: _____ Other: _____

Classification of track by number of miles:

Excepted: _____ Class I: _____ Class II: _____ Class III: _____ Class IV or better: _____

Trains per week: _____ Average number of cars per train: _____
 A verage speed of train: _____ Maximum speed of train: _____

Number of: _____ Cars owned / leased: _____ Engines owned / leased: _____

Grade crossings

Total: _____
Public Private

Number non-protected: _____
 Number with cross-bucks only: _____
 Number with active protection: (Gates/Flashing lights): _____
 Number crossings over/under bodies of water or freeway systems: Over: _____ Under: _____
 Number of switches Locked: _____ Unlocked: _____

- Yes No - If yes, describe _____

Do other railroads operate over your track? Yes No - If yes, name them. _____

Do you operate over anyone else's track? Yes No - If yes, describe. _____

Do you have inforce contractual agreements whereby you "Hold Harmless" others?
 Yes No (If yes. attach copies of these agreements) _____

	Type	Construction
Bridges	_____	_____
Trestles	_____	_____
Tunnels	_____	_____

Adjoining property to track:
 % Rural _____ % Urban/Suburban _____ % Commercial _____ % Residential _____

Do you operate at night? Yes No - If yes, Describe operation. _____

Bill of Lading

List total gross revenues for each of the following:

Estimate for next year: \$ _____
Current Year: \$ _____
Last Year: \$ _____

List type(s) of industry served: _____

Who is typically responsible for loading/unloading? You Others _____

Do you have any warehousing facilities /transloading: If yes, please describe: _____

Value of lading per train:

Average: _____ Peak: _____

Hazardous Commodities

Chemicals, Hazardous Materials or Explosives carried:

	Number of cars per Train	Number of cars per Year
LPG	_____	_____
LNG	_____	_____
Explosives/Munitions	_____	_____
Anhydrous Ammonia	_____	_____
Gasoline	_____	_____
(Other, specify):	_____	_____

(Attach Hazardous Material listing & Percentages of any Hauled)

Do you have specific procedures pertaining to the handling of hazardous commodities? Yes No

Are supervisors certified? Yes No

Estimate average number of "foreign" cars:

Per Train: _____ Per Month: _____ Annually: _____

Employee Information

List number of employees and annual payroll for each of the following:

	Payroll
Estimate for coming year: _____	\$ _____
Current Year: _____	\$ _____
Previous Year: _____	\$ _____

