



Railroad Division

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APPLICATION FOR EXCURSION RAILROAD LIABILITY INSURANCE

Name and Address of Railroad: _____

Provide Name of Railroad's Owner if above as a Subsidiary of Another Company: _____

Provide Names of Any Subsidiaries or Affiliated Railroad(s) To Be Covered: _____

List All Additional Insureds to be Named with an Explanation of Relationship to Applicant:
 Additional Insured Relationship
(Attach Additional Sheet If Necessary)

Additional Insured	Relationship

CURRENT PROGRAM:

A. Carrier(s): _____

B. Limits: \$ _____ Each Occurrence \$ _____ Aggregate

C. Self-Insured Retention \$ _____ Each Occurrence

D. Premium and Rate: _____

REQUESTED PROGRAM:

A. Limit of Liability: \$ _____ Each Occurrence \$ _____ Aggregate

B. Each Incident Retention (SIR): _____

C. Policy Effective Date: _____

D. First Coverage Date: *(If Applicable)* _____

Claims Made Coverage Continuous? Yes No
(Provide Verification and Dates)

How Long Has The Railroad Been Run By Current Management? _____ Years

If Less Than (2) Two Years, Please Provide the Following:

A. Name of Previous Track Operator: _____

B. How Long Was Track Out of Service? _____

C. What is Prior RR Experience of Officers and Key Personnel? _____

MILES OF TRACK

Total Main Line: _____

Main Line Not In Operation: _____

Other: _____

Classification of Track by Number of Miles: Excepted _____ Class I _____ Class II _____ Class III _____ Class IV or Better _____
SERVICE
Trips per Week: _____
Average of No. Of Cars per Train: _____
Maximum Cars per Train: _____
Average Speed of Train: _____
Maximum Speed of Train: _____
Passengers per Year: _____
Average Passenger per Train: _____
Are Passenger Operations: _____ Seasonal _____ Annual
Do You Offer Trips Using Other's Track, Locomotives and/or Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, Please Explain: _____
Do You Offer Alcoholic Beverages On Your Trains Or On Your Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, Please Explain: _____
Number Or Engines Owned Or Leased: _____ How Many Are Steam Operated: _____
GRADE CROSSINGS: _____ Public _____ Private
Total: _____
Number Non-Protected: _____
Number with Crossbucks Only: _____
Number with Active Protection: (Gates / Flashing / Lights) _____
Do Other Railroads Operate Over Your Track? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name Them:
1. _____
2. _____
3. _____
Do You Operate On Anyone Else's Track? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe:
1. _____
2. _____
Do You Have Freight Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, You Must Complete Freight Railroad Liability Application.
Do You Have Active Contractual Agreements Whereby You "Hold Harmless" Others? <input type="checkbox"/> Yes <input type="checkbox"/> No -If Yes Attach Copies Of These Agreements.
Number Of: _____
Bridges: _____ Tressels: _____ Tunnels: _____
Do You Operate At Night? <input type="checkbox"/> Yes <input type="checkbox"/> No
LIST NORMAL RIGHT-OF-WAY MAINTENANCE FOR EACH OF THE FOLLOWING: (Not Including Subsidiaries/Grants)
Estimate for Coming Year: _____ \$ _____
Actual Current Year: _____ \$ _____
Actual Previous Year: _____ \$ _____
LIST TOTAL SUBSIDIES/GRANTS FOR EACH OF THE FOLLOWING:
Estimate for Coming Year: _____ \$ _____
Actual Current Year: _____ \$ _____
Actual Previous Year: _____ \$ _____
Describe Any Major Rehab Work Currently Being Done Or Planned For The Coming Year: _____
Frequency of Routine Maintenance: Daily _____ Weekly _____ Bi-Weekly _____ Monthly _____ Other (Explain) _____

WHO IS RESPONSIBLE FOR MAINTENANCE:		
Employees / Volunteers (%)	Contractors (%)	
Of The Cars:		
Of The Tracks:		
NUMBER OF EACH DERAILMENTS FOR EACH OF THE PAST THREE (3) YEARS		
Current Year: _____	Last Year: _____	Previous Year: _____
LIST TOTAL GROSS AND TICKET REVENUES FOR EACH OF THE FOLLOWING:		
Estimate for Next Year \$ _____	Ticket Revs: \$: _____	
Estimate for Current Year \$ _____	Ticket Revs: \$: _____	
Actual Previous Year \$ _____	Ticket Revs: \$: _____	
Average Ticket Price \$ _____		
LIST NUMBER OF EMPLOYEES AND ANNUAL PAYROLL FOR EACH OF THE FOLLOWING:		
Number of Employees	Payroll	Number of Volunteers
Estimate For Coming Year: _____	\$ _____	_____
Current Year: _____	\$ _____	_____
Previous Year: _____	\$ _____	_____
How Many Volunteers Are Associated With Your Operation:		
Are you're Locomotive Engineers Licensed and Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do You Currently Have In Place A Rule Certification Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How Many Training Classes Are Held Per Year?		
Do You Have A Policy Concerning Drug And Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes Explain Details: _____		
SUMMARY OF LOSSES: (PAST 5 YEARS)		
Policy Period	Number Of Claims	Total Incurred (Paid & Reserved)
List and Describe Any Claim Paid or Reserved Over the Last 5 Years In Excess Of \$5,000 (If None, Please Indicate): _____		
Describe Claims Handling Procedures Used By Railroad: _____ _____ _____		

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.

FRAUD PREVENTION - GENERAL WARNING (CONT.)

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: _____