



Railroad Division

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Insurance Coverage Program: Museum & Other Organizations

Named Insured:
Mailing Address:
Train Ride / Museum Location Address:
Proposed Effective Date:

Contact Person:
Telephone Number:
Fax Number:
Website Address:

Current Carrier Information:

- 1. Current Carrier Name:
2. Policy Number and Term Dates:
3. What is your present premium:
4. What are your current limits of liability:
5. What limits of liability would you like quoted:

Claim Information:

- 1. Have you had any claims or unreported accidents in the last 3 years? If so please furnish details.

Detailed Description of Operations: _____

1. When is your operating season: _____

How often do you operate? (Weekends / Daily): _____

2. What is your overall total revenue from all operations: \$ _____

3. What is the annual ticket revenue from train rides: \$ _____

4. How many visitors are given rides annually: _____

5. Do you have train rides that are specifically geared for children: Yes No

- If yes please describe: _____

Train, Track & Ride Information:

1. How many Railcars or Locomotives do you own (Please provide a list of your Railcars and Locomotives and note if any of them are out of services or static display only: _____

2. What is the gauge of the track: _____

3. Total miles of track owned and/or responsible for: _____ Total miles of track you are operating on: _____

4. If you operate 7 1/2 " gauge trains:

- Is there a weight limit for passengers: Yes No

- If so what is the weight limit: _____

5. If operating smaller gauge trains, what procedures are in place to avoid them tipping over: _____

6. Do the trains have stabilizers: Yes No

7. Describe your safety/ training procedures to check rail cars, track, prevent injuries, etc: _____

8. What is the average speed the train operates at: _____ What is the maximum speed: _____

9. Do you have grade crossings at surface streets: Yes No

- If yes, what train crossing or traffic controls are in place: _____

- How many street crossings are there: _____

10. Do you provide motorcar rides?

- Yes No

11. Do you sponsor outings that involve motorcar use:

- Yes No

12. Provide the annual cost for work including maintenance, repair or restoration of equipment, rolling stock or

Buildings paid to contractors: \$ _____

Additional Income Generated:

1. Please describe the source of income other than museum or ride tickets:

- Education Classes: \$ _____ Gift Shop: \$ _____ Food Shop: \$ _____

- Other: \$ _____ Please describe: _____

- Facility Rental (wedding receptions, dinner, social gatherings cocktail parties, etc.): \$ _____

2. Are certificates of insurance obtained from vendors that are not owned and operated by our insured:

Yes No

Special Events: Must submit details of special events no later than 30 days for carrier review and pricing.

1. Please describe any special events **held on** your property: _____

- Number of attendees: _____ Receipts: \$ _____

2. Please describe any special events **held off** your property: _____

- Number of attendees: _____ Receipts: \$ _____

Additional Insureds Needed:

1. Provide the name, address, and interest of each additional insured required:

(1) Name: _____ (2) Name: _____
Address: _____ Address: _____
Interest: _____ Interest: _____

(3) Name: _____ (4) Name: _____
Address: _____ Address: _____
Interest: _____ Interest: _____

(5) Name: _____ (6) Name: _____
Address: _____ Address: _____
Interest: _____ Interest: _____

Any Additional Information: _____

❖ Please attach pictures of trains, trolley's or anything applicable to this application.

Applicants Name and Title (Printed): _____

Applicants Signature: _____ Date: _____

(Must be signed by an active owner, partner or executive officer)

Producer's Signature: _____ Date: _____