



Railroad Division

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Insurance Coverage Program: Museums & Other Organizations

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?	
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?	
Does the train operate on owned or leased property? Explain if other	
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: _____