
APPLICATION FOR RAILROAD PROTECTIVE LIABILITY

1. Name of Insured (Railroad(s))

2. Address of Insured (Railroad(s))

- | | | | | |
|-----|--------|------|-------|----------|
| No. | Street | City | State | Zip Code |
|-----|--------|------|-------|----------|
3. (A) Limits Required: **2MM CSL/6MM AGG** _____ Other: _____
 2MM CSL/2MM AGG _____
- (B) No. of policies required if more than on Assured: _____
4. Period of Contract: _____ Anticipated Start Date: _____
5. (A) Description of Job: _____

- (B) Contract #: _____
- (C) If cost involves movement of track, explain: _____

- (D) Is Construction: 1. Parallel 2. Over 3. Under 4. On Tracks
- What railroad line is exposed: 1. Mainline 2. Branch 3. Spur 4. Yard
6. Daily Train Movements: Freight _____ Passenger _____
- During work hours: Freight _____ Passenger _____
7. Full Contract Cost: _____ Contract Cost within 50 feet of tracks: _____

8. (A) Any work performed by Railroad Employees, Describe: _____

- (B) If Flagmen/Watchmen are employed, explain: _____

- (C) Explain slow orders in effect: _____

9. Name & Address of Contractor: _____

10. Name & Address of Governmental Authority for whom the work is being done: _____

11. Contractor's Limits & Carrier: GL: _____
Umbrella: _____
12. % of work to be done by: Contractor: _____ Subcontractor: _____
13. Will there be any blasting? Describe _____

14. What utility lines are in right of way? Describe: _____

15. **Attach indemnification contract between RR & Contractor.**