
Railroad Protective Liability Application

1. Name of Insured (Railroad(s))

2. Address of Insured (Railroad(s))

No.	Street	City	State	Zip Code
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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: Parallel Over Under On Tracks

What railroad line is exposed: Mainline Branch Spur Yard

6. Daily Train Movements: Freight _____ Passenger _____

During work hours: Freight _____ Passenger _____

7. Full Contract Cost: _____ Contract Cost within 50 feet of tracks: _____

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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.

INSURED'S SIGNATURE

DATE

AGENT SIGNATURE

DATE