
Railroad Protective Liability Application

Named Insured Railroad _____

Mailed Address _____

Name and Address _____

of Designated Contractor: _____

Contractor's GL Limits: _____ OCC Carrier: _____

Contractor's Umb. Limits: _____ OCC Carrier: _____

Will the Contractor be holding the Railroad harmless? Yes No

Will the Railroad be listed as an Additional Insured on the Contractor's GL and Umbrella Policies? Yes No

Will the Contractor's GL and Umbrella policies remove the contractual exclusion for work within 50' of an Railroad? Yes No

RRP Limits Required: _____ OCC _____ AGG

Description of Job: _____

Job Contract Number: _____

Location of Job: _____

Approximate Length of Job (years/months): _____

Total Cost of Job: _____ Cost of work within 50' of Tracks: _____

Daily Train Traffic: _____ Freight: _____ Passenger _____

Will there be any Railroad flagmen/supervisors? Yes No

Will there be any other work being performed by any Railroad employees? Yes No
If yes, please describe: _____

Will there be any Railroad equipment assigned to the contractor? Yes No
If yes, please describe: _____

Signature: _____ Date: _____