



RAILROAD PROTECTIVE LIABILITY

1.	Name of Insured/Owner: _____ Mailing address: _____
2.	Name of Designated Contractor: _____ Mailing Address: _____
3.	Governmental Authority or other party for whom work is being performed: Mailing Address: _____
4.	Limits of Liability: \$ _____ Each Occurrence Limit \$ _____ Aggregate Limit
5.	If more than one insured railroad, will separate policies be issued for each or will all insured railroads be named under one policy: <input type="checkbox"/> Separate Policies or <input type="checkbox"/> One Policy
6.	Number of railroad tracks: _____ a. Number of trains: Passenger: _____ per day; maximum speed: _____ m.p.h. Freight: _____ per day; maximum speed: _____ m.p.h. b. Slow Orders in effect: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ m.p.h.

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7.	Description of Project (If bridge work, include number of spans): <p>a. Total Cost of Construction: \$ _____</p> <p>b. Cost of work within 50' of tracks: \$ _____ (_____ % of total)</p> <p>c. Amount of work to be performed by railroad employees: \$ _____</p> <p>d. Estimated start date: _____ Estimated completion date: _____ Estimated: _____ Calendar Days or _____ Work Days</p> <p>e. Does construction include movement of railroad tracks? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, by whom? <input type="checkbox"/> Railroad <input type="checkbox"/> Contractor</p> <p>f. Are Flagmen employed by: <input type="checkbox"/> Railroad <input type="checkbox"/> Contractor <input type="checkbox"/> None</p> <p>g. Is any blasting to be performed within 100' of the tracks? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>h. List existing exposures within 50' of the tracks and jobsite (i.e., physical structures, utility poles, power lines): _____ Are they to be moved? <input type="checkbox"/> No <input type="checkbox"/> Yes: By whom? _____</p>		
	<p>i. Specific type of work being done within 50' of the tracks: Nearest distance any work gets to the tracks is: _____</p> <p>j. Work within 50' is: <input type="checkbox"/> perpendicular or <input type="checkbox"/> parallel to tracks; <input type="checkbox"/> adjacent to or <input type="checkbox"/> across the tracks; <input type="checkbox"/> directly over or <input type="checkbox"/> directly under the tracks.</p>		
8.	Contractor's General Liability coverage (minimum G.L. limit requirement is \$2mil primary and excess occurrence limits combined, \$5mil if the work is over the tracks): Carrier(s): _____ Primary Limits: \$ _____ Excess Limits: \$ _____		
9.	Describe any past losses incurred under Railroad Protective Liability, or railroad related claims under contractor's CGL, Auto or Inland Marine: _____		
<table style="width: 100%;"><tr><td style="width: 70%;">Agent's Signature: _____</td><td style="width: 30%;">Date _____</td></tr></table>		Agent's Signature: _____	Date _____
Agent's Signature: _____	Date _____		