

Name of Insured: <i>(Attach separate sheet if necessary)</i>			
Address of Insured:			
Provide names of any subsidiaries or affiliated company(s) to be covered:			
1.			
2.			
3.			
List all additional insureds to be named with an explanation of relationship to applicant: <i>(attach separate sheet if necessary)</i> :			
Additional Insureds	Relationship		
1.	1.		
2.	2.		
3.	3.		
List locations to be insured. If jointly owned or jointly operated with others, please name others. <i>(List all locations, attach separate sheet if necessary)</i> :			
1.			
2.			
3.			
Current Program:			
Name of Insurance Company:	Expiring Premium: \$		
A. General Aggregate :	\$	Commercial General Liability	
B. Products & Completed Operations Aggregate:	\$	Claims Made Occurrence	
C. Personal & Advertising Injury:	\$		
D. Each Occurrence:	\$	Deductibles:	\$
E. Damage To Rented Premises (each Occurrence):	\$	Self-Insured Retention:	\$
F. Medical Expense (Any one person)	\$	Policy Effective Date:	
G. Employee Benefits	\$	Expiration Date:	
Requested Program:			
Name of Insurance Company:	Expiring Premium: \$		
A. General Aggregate :	\$	Claims Made Occurrence	
B. Products & Completed Operations Aggregate:	\$		
C. Personal & Advertising Injury:	\$	Deductibles:	\$
D. Each Occurrence:	\$	Self-Insured Retention:	\$
E. Damage To Rented Premises (each Occurrence):	\$		
F. Medical Expense (Any one person)	\$	Policy Effective Date:	
G. Employee Benefits	\$	Expiration Date:	
H. Other coverage requirements or specialty : <i>(please explain)</i> :			

How long has the company been run by current management? _____ years (If less than 2 years, please provide detail of prior experience)(attach sheet if necessary):			
1. Description of Operations Performed:		Percentages must total 100% of revenue:	
A. Track removal, including sale of recovered materials			
B. Track construction, maintenance and/or repair			
C. Re-rail of wrecked cars, transfer of materials			
D. Herbicide application to Right of Way			
E. Non-herbicide clearing of Right of Way			
F. Installation/maintenance of railroad signalization or communications			
G. Any Non-Railroad work? (please describe):			
H. Other (please describe):			
2. Description of Customers:		Percentage must total 100% of revenue:	
A. Shortline Railroad			
B. Regional Railroad			
C. Industry			
D. Commuter/Transit Systems			
E. Excursion/Scenic Railroad			
F. Class I Railroad			
3. Are you a member of the National Railroad Construction and Maintenance		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. List annual revenues and payrolls for each of the following:			
	Revenues	Payroll	Number of Employees
Estimate for Coming year	\$	\$	
Current year	\$	\$	
Prior year	\$	\$	
5. Any structural work on railroad bridges or tunnels? (If yes, please describe):			<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you provide design services? <i>(If yes, explain or attach sheet if necessary)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
A. What percentage of contracts involves design?		%
B. Is design work per FRA specifications?		<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Is design work reviewed by railroad?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What work is subcontracted? <i>(provide details)</i>	Amount: \$	
8. Are certificates of insurance required of all subcontractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
A. What limits of liability required on subcontractors insurance?		\$
B. Are hold harmless agreements in your favor required from your subcontractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is any of your equipment leased to others? <i>(If yes, what type?)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> with operators <input type="checkbox"/> without operators		
Is lessee required to add contractor as an additional insured under lessee's general liability policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. A. What equipment do you typically use in your operations? <i>(please explain)</i>		
10. B. Any in plant switching of railroad cars? <i>(If yes, please explain):</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does your company act as subcontractor for others? <i>(If so, please explain)</i>		
12. Please list your major customers and the jobs you have completed for them over the past three years: <i>(attach sheet if necessary)</i>		
Customer	Job Description	

Any Policy Cancelled, Declined and/or Did not Renew? (If yes, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal Safety Program in effect? (If yes, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Exposure to Hazardous Material? (If yes, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other Business Being Submitted? (If yes, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any filed Bankruptcies or Liens against the Insured in the past or are now pending? (If yes, please provide full details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any Contractor's Permanent Yards? (If so, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any vacant Land? (describe use)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any Hold Harmless agreement with customers? (If yes, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the contractor have specific insurance requirements? (If so, provide a copy of agreement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the definition of the Insured Contract amended to include work within 50 feet of the Railroad Tracks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach Previous Carriers Loss Runs with a Current Validation Date (3-5yrs.)	
What are the Experience Modifications for Workers Compensation and Employee Liability over the past 3 yrs: 1. 2. 3.	
Please provide the following additional information as attachments: <input type="checkbox"/> safety program <input type="checkbox"/> company brochures <input type="checkbox"/> sample/current contracts <input type="checkbox"/> financial statements	

DECLARATIONS

I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

In addition, I certify that I have read and understand the applicable fraud warnings set forth below:

Signature: _____

Date: _____

Position: _____

Primary Commercial Liability Insurance Application

FRAUD WARNING STATEMENTS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.