

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_

1.) Description of operations: (please give percentages adding up to 100%)

a.) Private spur/ Industrial track work	_____%
b.) Shortline/Regional track work	_____%
c.) Passenger/Commuter track work	_____%
d.) Class I Railroad track work	_____%
e.) Derailment clean-up work	_____%
f.) Vegetation control work	_____%
g.) Signal work	_____%
h.) Other (please describe)	_____%

\_\_\_\_\_.

2.) Do any of the operations involve bridge work, tunneling, or blasting? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_.

3.) Does the contractor provide design services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_.

4.) What are the total contract values/payrolls for each of the last five years?

20\_\_\_\_ Contract \$ \_\_\_\_\_ Payroll \$ \_\_\_\_\_

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20\_\_\_\_ Contract \$ \_\_\_\_\_ Payroll \$ \_\_\_\_\_

20\_\_\_\_ Contract \$ \_\_\_\_\_ Payroll \$ \_\_\_\_\_

ESTIMATED contract/payroll for the coming year?

20\_\_\_\_ Contract \$ \_\_\_\_\_ Payroll \$ \_\_\_\_\_

5.) Attach a list of current jobs.

6.) Does the contractor use sub-contractors? Yes No

If yes, please advise the following:

a.) What type of work is subcontracted? \_\_\_\_\_

b.) Is insurance required? Yes No

c.) Are certificates of insurance required? Yes No

d.) Is the contractor named as an additional insured and/or held harmless?

Yes No

7.) Is any equipment leased, loaned or rented to others? Yes No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

8.) What is the average number of employees? \_\_\_\_\_

9.) Is there a formal safety plan?      Yes      No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_.

10.) Loss History:

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Broker: \_\_\_\_\_