

Name Of Railroad: <i>(Attach separate sheet if necessary)</i>	Address Of Railroad:
Provide name of railroad's owner if above is a subsidiary of another company:	
Provide names of any subsidiaries or affiliated railroad(s) to be covered: 1. _____ 2. _____ 3. _____	
List all additional insured to be named with an explanation of relationship to applicant: <i>(Attach separate sheet if necessary)</i>	
Additional Insured's	Relationship
1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
List terminal locations of railroad. If jointly owned or jointly operated with other railroads, please name other railroads. <i>(List all locations, attach separate sheet if necessary)</i>	
1. _____ 2. _____ 3. _____	
Current Program: A. Carrier(s): _____ B. Limit Of Liability: \$ _____ Each Accident \$ _____ Aggregate: \$ _____ C. Each Incident Retention (SIR): \$ _____ D. Coverages: <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> BI <input type="checkbox"/> PD <input type="checkbox"/> FELA <input type="checkbox"/> FRS/BOL E. Premium & Rate: _____	
Requested Program: A. Limit Of Liability: \$ _____ Each Accident: \$ _____ Aggregate: \$ _____ B. Each Incident Retention (SIR): \$ _____ C. Policy Effective Date: _____ Policy Expiration Date: _____ D. First Coverage Date <i>(If applicable)</i> : _____ Is Claims Made Continuous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – <i>If No, please explain</i> _____ How long has the railroad been run by current management? _____ years If less than 2 years, please provide the following: A. Name of previous track operator: _____ B. How long was track out of service: _____ C. What is prior railroad experience of officers and key personnel? <i>(Attach resumes of key personnel)</i> : _____ _____	

Describe your type of railroad:

- Switching Excursion General Commodity Hauling Terminal
 Excursion Other, explain (*Attach sheet if necessary*) _____

Do you carry any passengers?

- For A Fare Total Ridership (*Annually*): _____
 Non-Fare Paying

Miles of Track

Total main line: _____ Main line not in operation: _____

Secondary or Branch lines: _____ Other: _____

Classification of track by number of miles:

Excerpted	Class I:	Class II:	Class III:	Class IV or better:

Trains per week: _____ Average number of cars per train: _____

Average speed of train: _____ Maximum speed of train: _____

Number of: _____ Cars owned/leased: _____ Engines owned/leased: _____

Grade crossings:

Total: _____

Public

Private

Number non-protected: _____

Number with cross-bucks only: _____

Number with active protection: (Gates/Flashing lights) _____

Number of crossings over/under bodies of water or freeway systems: Over: _____ Under: _____

Number of switches: Locked: _____ Unlocked: _____

- Yes No-if yes, describe _____

Do other railroads operate over your track? Yes No – if yes, name them.

Do you operate over anyone else's tracks? Yes No – if yes, describe.

Do you have inforce contractual agreements whereby you "Hold Harmless" others?

- Yes No (If yes, attach copies of these agreements) _____

Type

Construction

Bridges _____

Trestles _____

Tunnels _____

Adjoining property to track:

% Rural % Urban/Suburban % Commercial % Residential

Do you operate at night? Yes No – if yes, describe operation: _____

Bill of Lading

List total gross revenues for each of the following:

Estimate for next year \$ _____
Current year \$ _____
Last year \$ _____

List type(s) of industry served: _____

Who is typically responsible for loading/unloading? You Others: _____

Do you have any warehousing facilities/transloading: If yes, please describe: _____

Value of lading per train:
Average: _____ Peak _____

Hazardous Commodities
Chemicals, Hazardous Materials or Explosives carried:

	Number of cars per Train	Number of cars per Year
LPG	_____	_____
LNG	_____	_____
Explosives/Munitions	_____	_____
Anhydrous Ammonia	_____	_____
Gasoline	_____	_____
(Others specify):	_____	_____

(Attach Hazardous Material listing & Percentages of any Hauled)

Do you have specific procedures pertaining to the handling of hazardous commodities? Yes No
Are supervisors certified? Yes No

Estimate average number of "foreign" cars:
Per Train: _____ Per Month: _____ Annually: _____

Employee information

List number of employees and annual payroll for each of the following:
Payroll

Estimate for coming year _____ \$ _____
Current year _____ \$ _____
Previous year _____ \$ _____

Are you a member of a benefits program which includes 24 hour occupational coverage:

Yes No - *If yes, describe:* _____

Do you currently have in place a rule certification program: Yes No

How many training classes are held per year: _____

Do you have a policy concerning random drug and alcohol testing? Yes No - *(If yes, explain)* _____

Physicals: Yes No

Audiogram: Yes No

Loss Experience _____

Attach hard copy of loss runs for last five (5) years

Summary of losses past five (5) years:				
Carrier	Policy Period	Number of Claims	*Types	Total Incurred (Paid & Reserved)

* BI, PD, FELA, FRS/BOL.

Has your railroad ever been involved in an incident where a hazardous material spill occurred? Yes No - *(If yes, provide details)*

Location: _____

Telephone: _____
Fax: _____
E-mail: _____

Signing this application does not bind the applicant nor the insurer to complete this insurance, but it is agreed that the statements contained in this application shall form the basis on which the policy is issued and the applicant warrants all such statements be true to the best of its knowledge and belief.

Dated at _____ this _____ day of _____, 20 _____

Name of applicant: _____

Signature of authorized representative (officer)

Title: _____

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 affected 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: _____

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 FRAUD 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.