Westchester A Chubb Company

Excursion Railroad Liability Insurance Application

Name and Address of Railroad:								
Provide Name of Railroad's Owner if above as a Subsidiary of Another Company:								
Provide Names of Any Subsidiaries or Affiliated Railroad(s) To Be Covered:								
List All Additional Insured's to be Named with an Explanation of Relationship to Applicant: Additional Insured (Attach Additional Sheet If Necessary)								
CURRENT PROGRAM:			I					
A. Carrier(s):								
B. Limits:	\$	Each Occurrence	\$	Aggregate				
C. Self-Insured Retention	\$	\$ Each Occurrence						
D. Premium and Rate:								
REQUESTED PROGRAM:								
A. Limit of Liability:	\$	Each Occurrence	\$	Aggregate				
B. Each Incident Retention (SIR):								
C. Policy Effective Date:								
D. First Coverage Date: (If Applic	cable)							
Claims Made Coverage Continuous? Yes No (Provide Verification and Dates)								
How Long Has The Railroad Bee	n Run By Cur	rent Management? Year	S					
If Less Than (2) Two Years, Please Provide the Following:								
A. Name of Previous Track Operator:								
B. How Long Was Track Out of Service?								
C. What is Prior RR Experience of Officers and Key Personnel?								
MILES OF TRACK								
Total Main Line:								
Main Line Not In Operation: Other:								
Classification of Track by Number of Miles: Excepted Class I Class II Class III Class IV or Better								



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Tippe privek: Average ON OC Cars per Train: Maximum Cars per Train: Maximum Cars per Train: Average Sobed of Train: Passengers per Vea: Average Sobed of Train: Passengers per Vea: Average Neasenger per Train: Average Sobes of Train: Passengers per Vea: Average Neasenger per Train: Average Neasenger Per Neasenger per Train: Number Vith Average Neasenger per Train: Number Vith Active Protection: Number Vith Active Protection: 1. 2. 3. Do you operate anyone else's track? Yes Last Octase Of Trace Neaseners: Yes Average Orage Neaseners:	SERVICE						
Maximum Cars per Train: Maximum Speed of Train: Passenger per Year Average Speed of Train: Passenger per Year Are Passenger per Year Prevent Your Probability Number vith Cross bucks Only: Number Year 1. 2. 2. 3. Do You Perate anyone else's track? Yes No <	Trips per Week:						
Average Speed of Train:	Average of No. Of Cars per Train:						
Maximum Speed of Train: Passenger pre Year: Average Passenger pre Train: Are Passender pre train: Britter Raitroads Operate Over Your Track? Yes Number with Active Protection: 1							
Passengers per Year: Average Passenger per Irain: Are Passenger Operations: Seasonal Annual Do You Offer Trips Using Other's Track, Locomotives and/or Employees? Yes No If Yes, Please Explain: Do You Offer Alcoholic Beverages On Your Trains Or On Your Premises: Or Wes No If Yes, Please Explain: Number Or Engines Owned Or Leased: How Many Are Steam Operated: GRADE CROSSINGS: Public Total: Number with Active Protected: Number with Active Protected: Number with Active Protection: (Gates / Flashing / Lights) Do Other Rainvacts Operate Over Your Track? Yes, Name Them: 1							
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Frequency of Routine Maintenance:							
	Describe Any Major Rehab Work Currently Being Done Or Planned For The Coming Year:						
	Frequency of Routine Maintenance:						
Daily Weekly Bi-Weekly Monthly Other (Explain	Daily Weekly Bi-Weekly Monthly Other (Explain						



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WHO IS RESPONSIBLE FOR MAINTENANCE:								
Employees / Volunteers (%)			Contractors (%)					
Of The Cars:								
Of The Tracks:								
NUMBER OF EACH DERAILMENTS FOR EACH OF THE PAST THREE (3) YEARS								
Current Year:	Last Year:		Previous Year:					
LIST TOTAL GROSS AND TICKET REVENUES FOR EACH OF THE FOLLOWING:								
Estimate for Next Year \$	Estimate for Next Year \$			\$				
Estimate for Current Year \$	Estimate for Current Year \$			\$				
Actual Previous Year \$	ctual Previous Year \$			\$				
Average Ticket Price \$								
LIST NUMBER OF EMPLOYEES AND ANI	NUAL PAYROLL FO	OR EACH	OF THE FOLLOWIN	G:				
Number of Employees		Payro	ll	Number of Volunteers				
Estimate For Coming Year:	Estimate For Coming Year:							
Current Year:		\$	\$					
Previous Year:		\$						
How Many Volunteers Are Associated With	h Your Operation:							
Are you're Locomotive Engineers Licensed a	and Certified?		Yes 🗌 No					
Do You Currently Have In Place A Rule Certification Program? Yes No								
How Many Training Classes Are Held Per Y	'ear?							
Do You Have A Policy Concerning Drug And Alcohol Testing?								
SUMMARY OF LOSSES: (PAST 5 YEARS)							
Policy Period Number (laims Total Incurred (I		Paid & Reserved)				
List and Describe Any Claim Paid or Reserved Over the Last 5 Years In Excess Of \$5,000 (If None, Please Indicate):								
Describe Claims Handling Procedures Used By Railroad:								



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Excursion Railroad Liability Insurance Application

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:

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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.