

Railroad Protective Liability Application

Name and address of Insured Railroad:		
Name and address of Designated Contractor:		
Is the Designated Contractor the: General <input type="checkbox"/> Subcontractor <input type="checkbox"/>		
Name and address of Governmental Entity /Authority/ Contracting Party:		
<u>Designated Contractor's General Liability and Excess Limits</u> *Attaching a copy of the Contractor's current Certificate of Insurance evidencing all of the below terms facilitates a quicker binding process.		
Primary	Excess	
Carrier:	Carrier:	
Limits:	Limits:	
Term:	Term:	
Limit of Railroad Protective Liability required (Ex: \$2M/\$6M or \$5M/\$10M):		
Occurrence: \$	Aggregate: \$	
<u>Expected Term of Job</u>		
Start Date:	Completion Date:	Bid Date:
Contract Number or Name (Attaching a copy of the contract will support the binding process):		
Description of job (Ex: bridge work, street and road work, track work, pipe, or boring work):		

Railroad Protective Liability Application

Location of job (Be as detailed as possible. Mile marker, crossroads, etc.):
Is Construction: Adjacent to <input type="checkbox"/> Over <input type="checkbox"/> On the RR tracks <input type="checkbox"/> Parallel to <input type="checkbox"/> Under <input type="checkbox"/> At the right angles to the track <input type="checkbox"/>
Total job cost: Job cost within 50 feet of railroad property:
Any bridge work? Yes <input type="checkbox"/> If yes, please describe (Ex: Does it involve a railroad bridge?) No <input type="checkbox"/>
Does the project involve overhead lines and/or wire work? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>
Does the project involve underground lines, wires and/or pipework? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>
Any blasting? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>
Any use of explosives or fireworks? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>

Railroad Protective Liability Application

Any underground construction such as subway or mines? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>
Any work in existing refineries, chemical plants, or grain elevators? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>
Any hazardous chemicals involved? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>
Any work underwater? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>
Any construction while trains through right of way? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>
Any vegetation controls? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>
Any ice/snow removal? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>
Any signal work? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>
Is this an easement? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>
Any movie filming? Yes <input type="checkbox"/> If yes, please describe. No <input type="checkbox"/>

Railroad Protective Liability Application

Is this a multi-year service agreement?

Yes If yes, please describe.

No

Total number of tracks at job site:

Daily rail traffic:

Number of trains:

Freight:

Passenger:

Flagmen or supervisors provided? Yes

No

Will railroad employees other than flagmen or supervisors be assigned to the project?

Yes If yes, please describe.

No

Does the Contractor hold the railroad harmless for this project?

Yes

No

Will the railroad be an Additional Insured on the Contractor's General Liability policy?

Yes

No

Will the Contractual Exclusion for work within 50 feet of a railroad be deleted on the Contractor's General Liability and Excess policies?

Yes

No

Does the Contractor carry GL and Excess limits on their Public Liability equal to or greater than the limits they are seeking for the railroad under this Railroad Protective Liability submission?

Yes

No

Railroad Protective Liability 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 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: _____

Railroad Protective Liability Application

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 knowingly and with the intent to defraud conceals material 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 RHODE ISLAND 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 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.