



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

**RAILROAD PROTECTIVE LIABILITY APPLICATION**

*PLEASE ANSWER ALL QUESTIONS COMPLETELY*

**NAME AND ADDRESS OF RAILROAD (INSURED):**

**CONTRACTOR INFORMATION:**

Name and Address of Contractor:	Name:
	Address:
Contractor's General Liability Limits & Carrier:	Limits: \$                  Occurrence    \$                  Aggregate
	Carrier:
Contractor's Umbrella/Excess Liability Carrier & Limits:	Limits: \$
	Carrier:

**RAILROAD PROTECTIVE LIABILITY INFORMATION:**

Policy Period:	From:	To:
Railroad Protective Limits desired:	\$                  Occurrence    \$                  Aggregate	
Bid Date:		
Description of job (include job contract #):		
Location of job (include city & state):		
Total job cost:	\$	
Job cost within 50 feet of railroad tracks:	\$	
Daily train traffic:	Freight:	Passenger:
Is construction <input type="checkbox"/> Parallel to <input type="checkbox"/> Over <input type="checkbox"/> Under, or <input type="checkbox"/> On    the railroad tracks?		
Name and Address of involved Governmental Authority (if applicable):	Name:	
	Address:	

**ADDITIONAL QUESTIONS:**

1.	Will the railroad be listed as an Additional Insured on the contractor's General Liability policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Will the contractor be holding the railroad harmless for this job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Will the contractual exclusion for work within 50 feet of a railroad be deleted from the contractor's General Liability and Umbrella/Excess policies for this job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Will the railroad provide any flagmen or supervisory personnel for this job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Will the railroad provide any other employees to work on this job? If yes, please explain below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Will the railroad loan any equipment to the contractor for this job? If yes, please explain below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments/explanations:

---

**Fair Credit Report Act Notice:**

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**Fraud Warning:**

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**.

---

**Warranty Statement:**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

**Signature:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_