

RAILROAD CONTRACTORS SUPPLEMENT

Effective Date: _____

Quote needed by: _____

Named Insured: _____

Mailing Address: _____

Additional Insureds:

Entity

Interest in Your Operation

How long has this company been in business: _____

Numbers of years experience in specified field: _____

Description of Operations: _____

Please break down revenues by type of client:

Transit Systems _____ %
Industry _____ %
Short Line Railroad _____ %
Regional Railroad _____ %
Class I Railroad _____ %

Are you member of the National Railroad Construction and Maintenance Association, Inc. ("NRC")? Yes No

GENERAL INFORMATION

Is there a formal safety program in operation? Yes No

Any exposure to flammables, explosives or chemicals? Yes No

Any catastrophe exposure? Yes No

Does applicant draw plans, designs or specifications? Yes No

If yes,
Percentage of contracts involving design work _____ %

Is design always to FRA specifications? Yes No

Is design always reviewed by roadmaster of client railroad? Yes No

Do any operations include blasting or utilization/storage of explosive materials? Yes No

Do any operations include excavation, earth movement or demolition? Yes No

Do you do bridge, tunnel or trestle work? Yes No

Any medical facilities provided or doctors employed or contracted? Yes No

Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials? Yes No

Any operations sold, acquired or discontinued in the last 5 years? Yes No

EQUIPMENT

What equipment do you typically use in your operation?

Do you own your equipment, or lease from others? _____

Who provides the maintenance of the equipment? _____

PROJECTS

Provide a list of your ten largest projects in the last 5 years, including description, location, contract cost, start and completion date:

OPERATIONS

Projected Receipts for the next 12 months: _____

Projected Payroll for the next 12 months: _____

Number of employees: Full time _____

Part Time _____

Projected Subcontract Cost for the next 12 months: _____

Do you lease railcars or locomotives to others? Yes No

If yes, please answer the following:

Number and type of railcars and locomotives leased:

Locomotives _____ Hopper cars _____

Box cars _____ Gondolas _____

Tank cars _____ Others _____

Do you require all lessees of equipment to indemnify you in a written agreement?

Yes No If yes, please attach a copy of your standard lease agreement.

Do you subcontract any work to others? Yes No

If yes, please answer the following:

Specify percentage of work subcontracted: _____%

What trades are typically subcontracted: _____

What are the minimum limits of liability that you require of all subcontractors?

Are all subcontractors required to include you as an additional insured on their General Liability and Umbrella Liability policies? Yes No

Do you require all subcontractors to indemnify you in a written contract or agreement? Yes No

Do you obtain certificates of insurance from all subcontractors with whom you do business? Yes No

Do you have a standard subcontract agreement? Yes No If yes, please attach a copy to this application.

CURRENT INSURANCE PROGRAM

<u>Policy Period</u>	<u>Insurer</u>	<u>Limits</u>	<u>Deductible</u>	<u>Premium & Rate</u>
GL				
Auto				
WC				
Umbrella				

Has any policy been cancelled or non-renewed in the past 3 years? Yes No

If yes, explain: _____

LOSS EXPERIENCE

List total number of claims and dollar amount of losses (*last five years*):

	# Claims	\$ Amount
19_____	_____	_____
19_____	_____	_____
19_____	_____	_____
20_____	_____	_____
20_____	_____	_____

Describe all claims exceeding \$5,000 in the last 5 years. If claim has not yet been settled, provide estimate of value:

ATTACHMENTS REQUIRED

- Accord application for each line of coverage requested Yes No
- 5 years hard copy company loss runs Yes No
- Most recent audited annual financial statement Yes No
- Company Brochure Yes No
- Safety Program Yes No
- Resumes of Principals Yes No
- Standard Contracts Yes No
- Historical Payroll and Revenues for the last 5 years Yes No

Signature: _____

Title: _____ Date: _____