**SUPPLEMENTAL APPLICATION**

**RAILROAD CONTRACTOR / RAILCAR REPAIR FACILITY**

|  |  |
| --- | --- |
| Name of Insured: |  |
| Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: |  | State: |  | Zip: |  |

|  |  |
| --- | --- |
| Website: |  |

1. A. Complete if applicant is a railroad contractor:

 Description of operations by customer and type of work:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Industrial** | **Regional / Shortline** | **Class 1** | **Passenger** |
| Sidetrack / Spurtrack | % | % | % | % |
| Yard track  | % | % | % | % |
| Branch line | % | % | % | % |
| Main line: | % | % | % | % |
| Signal work  | % | % | % | % |
| Vegetation control | % | % | % | % |
| Derailment cleanup | % | % | % | % |
| Other(please describe below): | % | % | % | % |
| Total | + | + | + |  | = 100% |

|  |
| --- |
|  Please explain other:  |
|  |
|  |
|  |
|  |

 B. Complete if applicant is a railcar repair facility:

Do you perform mobile / running repairs?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

Do you perform tank car repairs?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

If yes, do you repair tank cars that haul combustible**/**flammable haz-mats?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

Do you perform wreck repair?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

Are you AAR Certified?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

2.) What are the total revenues / payrolls for each of the last three years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 20 | Revenue | $ | Payroll | $ |
| 20 | Revenue | $ | Payroll | $ |
| 20 | Revenue | $ | Payroll | $ |
| 20 | Revenue | $ | Payroll | $ |

ESTIMATED revenue / payroll for the coming year?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 20 | Revenue | $ | Payroll | $ |

3.) Please list major projects you have completed over the past three years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CUSTOMER |  | PROJECT |  | CONTRACT VALUE |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 4.) | How many years have you been in business? |  |
|  | How many years under current management? |  |

|  |  |  |
| --- | --- | --- |
| 5.) | What is your geographic area of operations? |  |

6.) Are you a member of the National Association of Railroad Construction and Maintenance Association “NRC”?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

7.) Do you ever work in conjunction with railroad employees or under the supervision of a

 railroad?

|  |
| --- |
| If yes, please explain:  |
|  |

8.) Do you use sub-contractors?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

 If yes, please advise the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a.) | Is insurance required of sub-contractors? | Yes |  |  | No |  |
| b.) | Are certificates of insurance required? | Yes |  |  | No |  |
| c.) | Are you named as an additional insured? | Yes |  |  | No |  |
| d.) | Are you indemnified / held harmless by sub-contractor? | Yes |  |  | No |  |

9.) Do you work on bridges?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

 If yes, does work include any of the following:

|  |  |  |
| --- | --- | --- |
| a.) | Structural work |  |
| b.) | Welding |  |

10.) Do you provide design services?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| If yes, please describe:  |
|  |

11.) Is any equipment leased to others?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

 If yes, with operators?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

 Do you require additional insured status on the lessee’s General Liability policy?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

12.) Does your safety plan follow Class I railroad specifications?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

If not, please provide details of your safety plan:

|  |
| --- |
|  |
|  |
|  |

**Please provide the following additional information:**

Acord Commercial Insurance and General Liability applications

5 years hard copy GL loss runs

Sample contracts

Financial statements

Copy of safety plan

|  |  |
| --- | --- |
| \*Signature of Applicant: |  |
| Date: |  |
| Title: |  |
| Name of Broker: |  |

**\*Must be signed by applicant to bind coverage.**