

## Railroad Protective Liability Application

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Named Insured Railroad: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Designated Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Contractors GL Limits: \_\_\_\_\_

Carrier: \_\_\_\_\_

Contractors Umbrella Limits: \_\_\_\_\_

Carrier: \_\_\_\_\_

Will the Contractor be holding the Railroad Harmless? Yes  No

Will the Railroad be listed as an "Additional Insured" on the Contractor's CGL and Umbrella policies? Yes  No

Will the Contractor's GL & Umbrella policies remove the contractual exclusion for work within 50' of a Railroad? Yes  No

Railroad Protective Limits Required: \_\_\_\_\_

Per Occurrence: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Name & Address for Whom Work is Being Performed: \_\_\_\_\_

Description of Job: \_\_\_\_\_

Approximate Length of Job (years/months): \_\_\_\_\_

Total Cost of Job: \_\_\_\_\_ Cost of Work Within 50' of Tracks: \_\_\_\_\_

Daily Train Traffic: \_\_\_\_\_ Freight: \_\_\_\_\_ Passenger: \_\_\_\_\_

Will there be any Railroad flagmen/supervisors? Yes  No

Will there be any other work performed by any railroad employees? Yes  No

If yes, please describe: \_\_\_\_\_

Will there be any Railroad equipment assigned to the contractor? Yes  No

If yes, please describe: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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