



RAILROAD PASSENGER CAR ALLIANCE

2017 INLAND MARINE / ROLLING STOCK INSURANCE APPLICATION

Insured Name:		Effective Date:		PAGE	1 of 4
Select Date of Application >		Quarter 1 - 2017 02/21 to 05/20	Quarter 2 - 2017 05/21 to 08/20	Quarter 3 - 2017 08/21 to 11/20	Quarter 4 - 2017 11/21 to 02/20/16
Company Name			AGENT		
Contact Name		e-mail			
Phone #1	Phone #2	Fax #			
Mailing Address					
City		State	ZIP		
ANY LOSSES IN THE LAST 5 YEARS?		YES	NO	If yes, please fill out the RPCA Loss History supplement form . It can be downloaded at www.unitedshortline.com .	
TOTAL # OF OWNED RAILCARS		TOTAL # OF RAILCARS ON THIS APPLICATION			

Please Note: Only static locomotives eligible. This policy requires physical damage on all owned railcars/locomotives. If you wish to exclude coverage for certain railcars/locomotives, you must include a written statement explaining the reason. Hanover's underwriter must authorize exclusion.

Covered Property Listing

	Type of Property	Reporting Mark / # / Name	Property Value	Content Value
#1	Year, Make, Model, Condition			
	Storage Address (Street, City, State, ZIP)			
#2	Year, Make, Model, Condition			
	Storage Address (Street, City, State, ZIP)			
#3	Year, Make, Model, Condition			
	Storage Address (Street, City, State, ZIP)			
REQUESTED DATE OF COVERAGE		Sub-Total Values		
		Sub-Total Values (Listings #4-#10)		
TOTAL ANNUAL PREMIUM DUE				

Certificate Holder Information

Please indicate if "additional insured" or "loss payee" status should be given. [Additional Insured implies they have ownership in your railcar. Loss payee is normally given when you have a lien/loan on the railcar/locomotive. If either apply, please indicate which railcars are involved.]

#1	Name	Property Listing #
	Mailing Address	Acct / Reference #
	City	State ZIP
e-mail		Please Choose: Loss Payee [<input type="checkbox"/>] OR Additional Insured [<input type="checkbox"/>]
#2	Name	Property Listing #
	Mailing Address	Acct / Reference #
	City	State ZIP
e-mail		Please Choose: Loss Payee [<input type="checkbox"/>] OR Additional Insured [<input type="checkbox"/>]
#3	Name	Property Listing #
	Mailing Address	Acct / Reference #
	City	State ZIP
e-mail		Please Choose: Loss Payee [<input type="checkbox"/>] OR Additional Insured [<input type="checkbox"/>]

Insured Signature _____ Date _____
 Printed Name _____

If additional property listings and/or certificate holders are required, please fill out additional forms titled **RPCA Inland Marine Property Listing & RPCA Inland Marine Certificate Holders** found at www.unitedshortline.com.

Please Note: Coverage cannot be bound until the completed application and rating are approved by the underwriter. **Full payment must accompany the application.** You must be a member of RPCA to participate in the insurance program. **RPCA membership certificate is required.**



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Insured Name:	Effective Date:	PAGE	2 of 4	
Covered Property Listing (continued from page 1)				
	Type of Property	Reporting Mark / # / Name	Property Value	Content Value
#4	Year, Make, Model, Condition			
	Storage Address (Street, City, State, ZIP)			
#5	Year, Make, Model, Condition			
	Storage Address (Street, City, State, ZIP)			
#6	Year, Make, Model, Condition			
	Storage Address (Street, City, State, ZIP)			
#7	Year, Make, Model, Condition			
	Storage Address (Street, City, State, ZIP)			
#8	Year, Make, Model, Condition			
	Storage Address (Street, City, State, ZIP)			
#9	Year, Make, Model, Condition			
	Storage Address (Street, City, State, ZIP)			
#10	Year, Make, Model, Condition			
	Storage Address (Street, City, State, ZIP)			
Sub-Total Values (Listings #4-#10)				

Insured Signature _____ Date _____
 Printed Name _____

NO REFUNDS or
RETURN ON PREMIUM

This information is not a representation that coverage does or does not exist for any particular claim or loss under any policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.



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Certificate Holder Information

If certificate holders are required, please fill out additional form titled **RPCA Inland Marine Certificate Holders** found at www.unitedshortline.com. Please indicate if **Additional Insured or Loss Payee** status should be given.
[Additional Insured implies they have ownership in your railcar. Loss Payee is normally given when you have a lien/loan on the railcar/locomotive. If either apply, please indicate which railcars are involved.]

#4	Name		Property Listing #	
	Mailing Address		Acct / Reference #	
	City		State	ZIP
e-mail		Please Select: Loss Payee [<input type="checkbox"/>] Additional Insured [<input type="checkbox"/>]		
#5	Name		Property Listing #	
	Mailing Address		Acct / Reference #	
	City		State	ZIP
e-mail		Please Select: Loss Payee [<input type="checkbox"/>] Additional Insured [<input type="checkbox"/>]		
#6	Name		Property Listing #	
	Mailing Address		Acct / Reference #	
	City		State	ZIP
e-mail		Please Select: Loss Payee [<input type="checkbox"/>] Additional Insured [<input type="checkbox"/>]		
#7	Name		Property Listing #	
	Mailing Address		Acct / Reference #	
	City		State	ZIP
e-mail		Please Select: Loss Payee [<input type="checkbox"/>] Additional Insured [<input type="checkbox"/>]		
#8	Name		Property Listing #	
	Mailing Address		Acct / Reference #	
	City		State	ZIP
e-mail		Please Select: Loss Payee [<input type="checkbox"/>] Additional Insured [<input type="checkbox"/>]		
#9	Name		Property Listing #	
	Mailing Address		Acct / Reference #	
	City		State	ZIP
e-mail		Please Select: Loss Payee [<input type="checkbox"/>] Additional Insured [<input type="checkbox"/>]		
#10	Name		Property Listing #	
	Mailing Address		Acct / Reference #	
	City		State	ZIP
e-mail		Please Select: Loss Payee [<input type="checkbox"/>] Additional Insured [<input type="checkbox"/>]		
#11	Name		Property Listing #	
	Mailing Address		Acct / Reference #	
	City		State	ZIP
e-mail		Please Select: Loss Payee [<input type="checkbox"/>] Additional Insured [<input type="checkbox"/>]		

Insured Signature _____ Date _____
 Printed Name _____

NO REFUNDS or
RETURN ON PREMIUM

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Policy Information for Inland Marine / Rolling Stock ONLY.

If certificate holders are required, please fill out the additional form titled **RPCA Inland Marine Certificate Holders**. Please indicate if they require **Additional Insured or Loss Payee** status.
 [**Additional Insured** implies they have ownership in your railcar. **Loss Payee** is normally given when you have a lien/loan on the railcar/locomotive. If either apply, please indicate which railcars are involved.]

What is inland marine/rolling stock coverage?

1st party coverage for damage to your railcar caused by covered perils such as collision, overturn, derailment, fire, vandalism, windstorm, etc... Coverage is available without purchasing liability insurance.

What is included and what limits apply?

Carrier	Hanover Insurance Company (A.M Best rating A)		
Valuation	Actual Cash Value		
Deductibles	Flat Wheel \$2,500 per occurrence All other: \$1,000 per occurrence	Flood / Earth Quake: \$10,000 per occurrence	Rolling Stock in Contract w/ Amtrak (WOS): \$10,000 per occ.
Limits	Policy Catastrophe Limit of liability - \$10,000,000 any one occurrence \$1,000,000 Maximum Any One Member, all railcars and related contents combined.		
	**Values exceeding member limits can be submitted for underwriter approval. **The limit shown on the certificate is the individual member's limit. It is not subject to claims filed by other RPCA members if separate occurrences are involved.		

Additional Coverage:

Newly Acquired Property	Up to \$250,000	Fire Department Service Charge	Up to \$25,000
Add'l Debris Removal Expense	Up to \$75,000	Pollutant Clean-up & Removal	Up to \$25,000
Fire Protective Systems	Up to \$75,000	Rerailment Expense	Up to \$25,000
Flat Wheel Coverage		Valuable Papers & Records	Up to \$50,000

Pro-rated premiums (month/date/current term year) : \$75.00 minimum premium applies

02/21 - 05/20	@ \$0.593 per \$100	08/21 - 11/20	@ \$0.351 per \$100
05/21 - 08/20	@ \$0.472 per \$100	11/21 - 02/20	@ \$0.231 per \$100

Who do I contact in the event of a claim?

Please file the initial report through **United Shortline Insurance Services at (800) 247-2085 or (989) 738-6400**. You may also contact the **Hanover's Claim Department direct at (800) 628-0250**.

**Because there are many members endorsed to RPCA's policy, Hanover's claim department may be a little baffled if a member attempts to report the initial claim. USIS will be able to provide the "missing links".

**NO REFUNDS or
RETURN ON PREMIUM**

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